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A Prophylactic Technic for the Prevention and Control of *Impetigo Contagiosa*

BY MARY ELIZABETH PILLSBURY, R.N.

IMPETIGO! The very word creates a feeling of dismay in the minds of superintendents of nurses or superintendents of hospitals. Thoughts immediately center around the newborn baby. An outbreak of impetigo may consist of one or two cases, or it may spread to all babies in the nursery, and even from nursery to nursery. Then again, the disease may apparently be stamped out, only to appear again a week or two later from an undetermined source. A bleb on the body of the newborn baby causes consternation and worry. If the condition is diagnosed as impetigo the worry and consternation increase; the infected babies are isolated; the linen is sterilized; the nurses put on gowns; basins are filled with strong smelling or brilliant-colored solutions; and there are intense regret that impetigo got into the nursery and a sincere desire to stamp it out as soon as possible. If the disease spreads, it is often the custom to remove the babies from the nursery and entirely renovate it, *i. e.*, rip up the floor covering and replace with new, wash and paint the walls, woodwork, etc., Babies are now admitted into this clean nursery and we should like to

add "live happily and free from impetigo ever after," but since this is reality and not fiction, we cannot so end the tale.

It is necessary to understand the disease in order to formulate measures for its prevention and control. Let us then consider for a moment the points of importance. *Impetigo contagiosa* is a communicable disease of human origin. The primary organism causing the infection is always a streptococcus and, with this, is found staphylococcus. The clinical picture is that of pin-point blebs, surrounded by definite areas of redness. The blebs become pustular and then encrusted. They may appear on any part of the body, but are usually seen on the trunk. The organism enters the skin through a minute break or abrasion. Although the disease is usually diagnosed from the clinical picture, a laboratory diagnosis may be made through microscopic examination of the contents of the pustules. *Impetigo contagiosa* is transmitted through contact, direct or indirect. It is a disease associated with dirt and uncleanness. The prognosis is good, although some cases show great stubbornness and persist for weeks, and

there have been some fatalities. While there are no complications, a severe attack of impetigo may upset the baby's digestion and result in loss of weight, or failure to gain in weight. The blebs have an unpleasant appearance and cause the mother much anxiety and distress.

There are several methods of treating the disease. The one most generally used is the application to the infected area of ammoniated mercury ointment, after the crusts have been removed with vaseline and soap and water. The baby may have an elevation of temperature. It should be given plenty of water and kept clean and dry. Such is the picture of the disease.

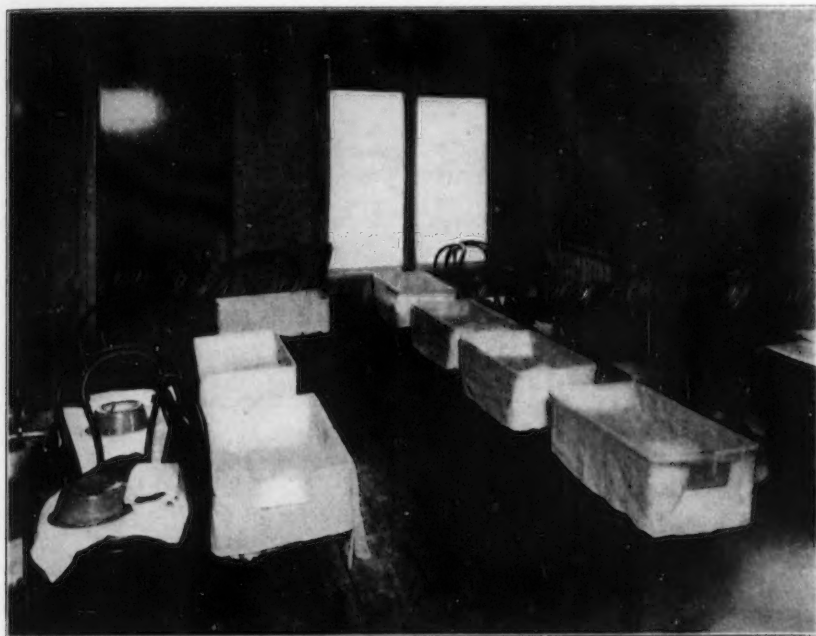
One sentence in this picture stands out as of great importance to those who would formulate measures against the disease, and in control of the disease; namely, "It is a disease associated with dirt and uncleanness." The newborn baby is absolutely dependent upon others for care, cleanliness and food. If there is dirt, it must be brought to the baby in some way or other; if the baby is not clean, it is due to improper care; if the baby is hungry, it is because no one has fed it. The most dangerous route through which dirt is brought to the baby, is through the person who handles it. It must be remembered that people are more serious vehicles of disease transmission than are things. Dirt may be found on the hands of almost any person, however careful he may be; namely, under the nails, rings and wrist watches. There may also be dirt on the face and hair as well as on the clothing. Habits of touching the face and hair, habits of wearing rings and wrist watches, are dangerous in connection with the care of the newborn baby. So much for the dirt as brought to the baby by

people. *Things* are also channels by which dirt may reach the baby as, for example, the band, the shirt, the name beads about the baby's neck, the diaper, the thermometer, the wash basin, the scales, the bathing slab, etc. These *things*, as channels of infection, can easily be eliminated through ordinary cleanliness in the laundry (proper washing and rinsing of the linen); through a careful technic in the delivery room; and through having individual equipment for each baby in the nursery.

A way of doing a thing is called a technic. If the way of doing has, as an objective, the protection and safeguarding of the person for whom the thing is done, it may be called a prophylactic technic. Newborn babies, cared for according to a prophylactic technic, are safeguarded against infection by the elimination of the channels through which dirt may gain access to them, and by the use of clean nursing techniques.

It will be well at this point to give an instance of the value of a prophylactic nursery technic in an outbreak of impetigo.

CASE 1.—In this hospital the case of impetigo showed up in a large nursery having a census of thirty-eight. This was on a Monday morning. That afternoon there were three cases. As each case developed, it was moved to one side of the nursery, in order to have all cases together. Individual precautions were taken with each of these known cases. The remaining thirty-four babies were considered exposed cases and possible sources of infection. At the time of this outbreak the nursing care consisted in taking the babies to a central table for bathing, for taking the temperature, and changing the diapers. The thirty-eight thermometers were kept in solution in one large jar.



Courtesy Jewish Hospital, Brooklyn, N. Y.

FIG. 1.—AN EMERGENCY SET-UP THAT ENSURES UNIT-CARE OF NEWBORN BABIES

There was one container of cotton, of gauze squares and applicators for use with the thirty-eight babies, as well as one container of albolene, alcohol, etc. On Tuesday, eight new cases developed. There was now a total of eleven cases at one end of the nursery, each case being cared for as a separate unit, each case having its own individual equipment and being bathed in its unit. In this way all central points of contact were eliminated. The nurses rolled their sleeves above the elbow and wore no rings or wrist watches. No gowns were used. The nurses washed their hands before going from one unit to the next and after handling each baby. At this point the writer was requested to remove all infected babies from the nursery and to isolate them in a separate room, it being felt that all the remaining babies

would contract the disease if this were not done. Having faith in the technic and in the nurses, the writer asked for an opportunity to show the value of the prophylactic technic as a means for controlling impetigo. She was fortunate in receiving not only support, but enthusiastic support. In plain words she was told to go ahead. On Wednesday, six new cases developed, making a total of seventeen. This ended the outbreak. No new cases developed. The remaining twenty-one babies were comfortably cared for in the same nursery until they were discharged with their mothers. When all babies had been sent home, the empty nursery was thoroughly washed and then aired for a day. It was then ready for new cases. A prophylactic technic was instituted, such technic being outlined on page

1182. This technic aims both at preserving the health of the babies and at controlling disease. According to this technic, a case of impetigo may be left in the nursery and safely cared for in its own unit.

Fig. 1 shows one type of emergency set-up for the unit-care of newborn babies. The bassinet is placed on one chair and the individual equipment on the second chair. The individual equipment consists of a wash basin and a shallow tray which holds a thermometer, a bottle of albolene, a bottle of alcohol and a small bottle of argyrol, two covered containers, one with applicators and one with gauze squares. The tray is covered with a towel. The baby is given a sponge bath in the bassinet and is taken from the unit only to be weighed. The weighing is carried out with a rigid technic of cleanliness.

Fig. 2 shows an emergency set-up of unit-care with chair, as in Fig. 1, and also with the use of a table. This may sometimes be more convenient, particularly if extra chairs are not available. The table was made in the carpenter shop of the hospital, and was ready two hours after the requisition reached the shop. It was not painted, but was covered with a sheet for immediate use. The individual equipment is the same as described in Fig. 1, and is placed on the table at the head of each bassinet. The unit of each baby consists in that space immediately about its own crib.

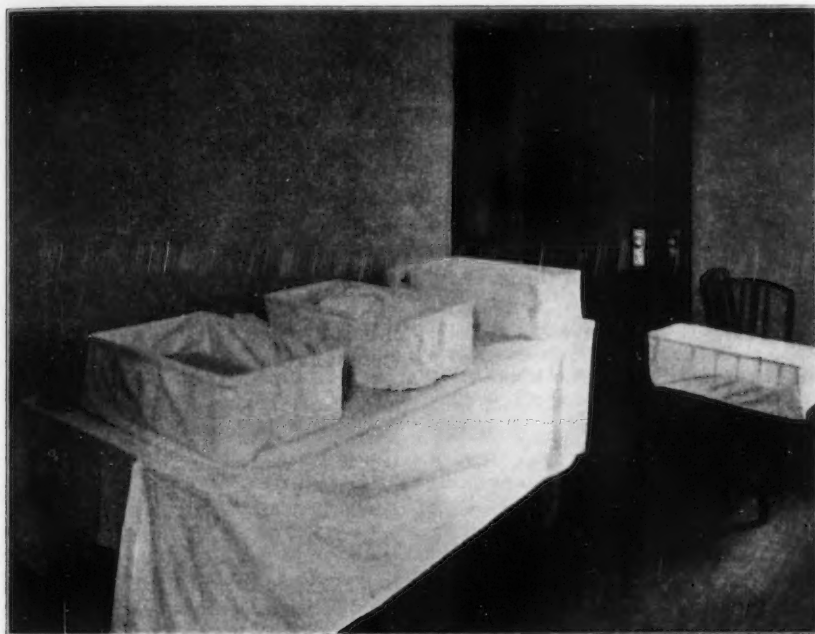
It is seen, in Case 1, that there was no painting of woodwork, no sterilization of equipment and no wearing of gowns nor scrubbing with brushes and disinfectant solutions.

Case 2 presents a different picture in regard to treatment at the beginning of the outbreak of impetigo in the nursery.

CASE 2.—In this hospital there had

been difficulty with outbreaks of impetigo over a period of several weeks. There would be a week or so during which no case developed, and then from no apparent source one case and then another would make its appearance. During this period impetigo appeared in other hospitals in the valley and the community was becoming alarmed. Many measures had been taken in an effort to stamp out the disease. There were two nurseries and each had been emptied, washed and painted. In one nursery the old linoleum had been ripped up and replaced with new, the nursery had been washed and painted, and still a case developed every now and then. Investigation of the nursing technic revealed: (1) the use of the gown; (2) the central point of contact for bathing the babies; (3) individual thermometers in separate containers kept together on the table, and an individual sterilized package for each baby. The package contained the wash basin, cotton, applicators, diapers, band, shirt and slip for each baby. Both the superintendent of the hospital and the superintendent of nurses felt that the measures that had already been taken were ineffective. They wished the situation investigated and were keen to take whatever steps were deemed wise by the writer. The open minds and the enthusiasm of these two officers caused the investigation to move on rapidly and aided in the adoption of a prophylactic technic for the care of the babies.

On reviewing the picture presented by this case, three factors are evident: (1) the renovation of the nurseries as a means for stamping out the impetigo was ineffective; (2) the nursing care as practiced in the nurseries involved many central points of contact; (3) emphasis was placed upon the danger of *things* as carriers of disease, rather



Courtesy Jewish Hospital, Brooklyn, N. Y.

FIG. 2.—IN THIS SET-UP, CHAIRS AND A TABLE ARE USED

Here the individual equipment is kept on the table behind each crib

than upon *people*. A prophylactic technic was taught and put into practice. Emphasis was placed upon sun, air, soap and water, as agents to be employed in renovation; upon the unit-care of each baby; and upon cleanliness, based on running water and a cake of soap, of all who came in contact with the babies.

A prophylactic technic for use in connection with the care of newborn babies is built on ordinary cleanliness and patient-unit care. Cleanliness of *things* includes the use of soap and water, air and sun in connection with floors, walls, mattresses, cribs, linen, utensils, thermometers, etc. Cleanliness of *people* includes the care of the hands, the methods of handling the baby, and attention to personal habits and health. Patient-unit care ne-

cessitates individual equipment, the preservation of each unit, and the abolishment of central points of contact. The technic must be understood; it must be carefully taught and conscientiously followed. One break in the technic endangers the safety of all the babies. All who come in direct contact with the babies must do their part in safeguarding the health of these very susceptible patients. This includes nurses, doctors, and technicians. Visitors should have no contact with the babies. A half-way measure in regard to visitors weakens the defense set up around the baby. Doctors are only too anxious to preserve the health of the mothers and babies and would happily follow a reasonable technic that calls for the washing of the hands before touching

a baby or the donning of a gown before examining a baby. The necessary articles should be at hand and the doctor should not have to search for soap or towels or gown. A copy of the technic is much appreciated by visiting physicians.

The details of a suggested prophylactic technic are given as a guide to those who wish to practice prevention and control of disease in the nursery.

1. *Unit Defined.*—A unit in the nursery consists in the crib-bed and at least 29 inches of space. This space may be taken up by a chair, a bedside table, or part of a large table.

2. *Individual Equipment.*—Kept in each unit (described on page 1180).

3. *Type of Technic.*—The nursing technic is built on patient-unit care. Each unit is separate and distinct. No equipment should be taken from one unit to the next. Each infant is considered a *clean case*, and the nurse and doctor possible sources of infection, not in themselves so much as in what they may do. The technic aims at cleanliness of everything that enters the unit, *i. e.*, linen, feeding bottles, nipples, and hands. Intimate contact with the baby, in respect to the nurse's uniform, is avoided through sensible ways of handling the baby.

4. *Nursery Equipment.*—For each nine units there should be: 1 scrub sink with arm levers and drain board; 1 enamel table with scales; 1 covered enamel can for waste towels, fitted with foot lever; 1 covered enamel can, fitted with foot lever, for diapers; 1 hamper for soiled linen.

5. *Nursing Procedures.*—The bath: The small basin is kept in the unit and is washed under running water before and after the bath is given. The taking of the temperature: The temperature is taken and then recorded on the scratch pad kept in the unit. Weighing: A rigid technic is followed. This is the one unavoidable central point of contact. The weight is put down on the scratch pad. Taking the baby to the mother: The safest method is to wheel the bassinot to the mother's room.

6. *Visitors.*—Visitors should not be allowed in the nursery. During the time for nursing the baby, visitors who happen to be in the room should be tactfully requested to sit in the waiting room until the baby is taken back to the nursery. The father may be shown his baby through the closed nursery door or window.

7. *Cleaning of the Nursery.*—The cleaning of the nursery should be done at the time when the babies are out with the mothers. The maid or porter should be taught the danger of handling the cribs. It is well to supervise the cleaning in order to ensure the strict preservation of the units.

These, in much condensed form, are the most important details to bear in mind when about to establish a technic in a nursery. It is safe to say that disease is not air-borne and that there is of necessity some vehicle of transmission required for disease to be communicated from one host to another host. A prophylactic technic as described in these pages sets up a barrier against communicable diseases, yes, even against impetigo.



General Duty

SOME suggestions from a hospital that has been very successful in meeting the problems of adjustment.

1. Applicants for general duty are carefully interviewed. Unless an emergency occurs, we require a personal interview, if possible. We can usually do this, because we have plenty of applicants.

2. Applicants must be graduates of a high school, and from an accredited school, preferably one that gives a varied training. We do accept nurses from small schools who seem desirable, with a view to helping them widen their experience.

3. We have, in the past, taken nurses for night duty who have good references, so that they might complete their education in high school at ——— College (one block from the hospital). This has not proved satisfactory, because the nurses become very tired trying to carry the extra load.

4. General-duty nurses are always given to understand when they are employed that they will be expected to accept any type of work which the superintendent sees fit to assign to them. With very few exceptions we have had no criticism from the nurses.

5. When a vacancy occurs in a staff position we usually try to fill it by *some one from the general-duty staff*. The general-duty nurses understand this when they are employed which is, I believe, stimulating.

Mary's Little Son

BY MAUDE E. TRUESDALE, R.N.

"PLEASE, Nurse, Ma says will you come up and weigh Joey—he's getting *so big*—and see our Christmas?" The nurse knew, without glancing down, that the eager voice, and the wee cold hand slipping so confidently into hers, belonged to Mary's little Carmela. To Mary and her family the visiting nurse was much more than a mere nurse. Hadn't they known her over two years now, and wasn't she called in consultation on many an important subject? For sickness—yes, that was to be expected. When Carmela had pneumonia, the nurse used to come in twice a day and give her care, and afterward had found a way to send her to the country for two weeks. Next, Philomena had emptied the kettle of hot soup over her foot; the long, tedious convalescence was still fresh in mind. Of course, if a new baby arrived, the nurse had everything in readiness long in advance, and gave her help until Mary was up again, but there were other family crises when her advice was sought and followed. For instance, that time when Tony was out of work so long, and food and funds were getting low; didn't she help him find a new job? Naturally they looked upon her as their friend and counsellor.

The nurse, for her part, was genuinely interested in the little Italian family. Tony, the husband, was industrious, steady and devoted to his children; while Mary, warm-hearted, impulsive, sunny as her own Italy, used their meager resources to the best advantage. Their rooms were clean and tidily kept; the children—four of them—gentle-mannered and lovable. But here was the sore spot! The children, however desirable, were all

girls, and that, as everyone knows, in an Italian family spells tragedy.

It was with feelings of suspense and anxiety, therefore, that the nurse hurried up the stairway one morning, two or three months before Christmas, after receiving the message that Mary's expected baby had come. (Personally she had her doubts about any "trailing clouds of glory.") Tony's beaming face as he opened wide the door told the story: "It's a son!" while Mary wept happily as she held out both hands to the nurse. When she unwrapped the baby, however, the nurse's heart sank. A frail little wisp of humanity, Mary's long-awaited son had too feeble a hold on life, and a few days later slipped quietly out. The parents' grief was pathetic, and fears that Mary's reason might not be able to endure the strain troubled the nurse.

In response to an urgent summons she went in one morning, to be met at the door by Mary, bearing in her arms a month-old baby boy. "What—where?" stammered the nurse in bewilderment. With happy shining eyes, Mary explained tremulously that she had taken little Joey from a Home to "board." "His father dead; his mother, she craze." Well, it might relieve the present acute situation, thought the nurse, proceeding to undress and weigh the little fellow. Homely and scrawny and undernourished he proved to be, but Mary hovered proudly over him, as though he were a prize specimen among babies, the passion of motherhood lending a fire and beauty to her clear-cut features.

In accord with her promise "to keep an eye on the baby," the nurse used to go in occasionally to weigh

him, and was struck with the improvement in his condition and appearance as he came rapidly up to normal weight. "Why, Mary," she exclaimed enthusiastically one day, "Joey is really getting to be a *beautiful* baby. I never dreamed he would blossom out like this." And Mary answered very simply with a tender, knowing smile: "Me poor, but me *love* him," which summed up in six words what baby specialists are saying in more elaborate and varied forms—that the "mother touch" is often the one thing needed for a baby's welfare.

On one of the nurse's visits, Mary timidly broached a new subject, needing her advice. "Tony and me—we think we like to *keep* Joey for our own little boy. How you say? 'Dopt?" "Oh, *adopt* the baby?" exclaimed the nurse, somewhat disturbed by this new plan. With Mary's soft brown eyes fixed so eagerly and trustingly on her face, it was difficult to dash cold water too abruptly on her hopes. Tactfully she tried to throw out a few hints—big family; Tony not always sure of work; the added responsibility, to say nothing of "another mouth to feed," for the money she was getting for his care would then stop. "Better think it over pretty carefully before you and Tony sign any papers," she called back firmly over her shoulder as she went out of the door. The pained, disappointed look in Mary's eyes haunted her, going down the stairs. She felt as though she had hurt a little child, but she chided herself sternly: "Now don't get sentimental. One must be practical in their circumstances. Besides, four children in a family are *plenty* without adopting another!" Uncomfortably, the recollection would obtrude itself, just then, that she herself had been the *eighth* in a none-too-prosperous family

—probably an addition which could have been easily spared.

All of which brings us to this day, several weeks later, when she squeezed Carmela's cold little hand in her own, and followed her up the three flights to weigh Joey again, and "see our Christmas." She had heard of the old-world custom of representing the Christmas story with miniature figures, but never had she seen it until now. The little front room was filled with the fragrance of greens decorating the walls; the shades were drawn and the only light came from two tall candles. On a table against the wall was reproduced the Christmas tableau. Mary had taken coarse brown wrapping paper, splashed it with paints, and arranged it in crumpled shapes which at a little distance, in the dim light, gave the effect of a rugged hillside. Over it were scattered flocks of sheep and the tiny figures of the shepherds. In the foreground folds of paper formed a cave-like shelter in which stood a tiny cradle with the Babe, the figure of the Virgin bending over it. On the wall above glistened a tinsel star. Crude and home-made though it was, nevertheless in the soft candlelight it was very effective, producing a feeling of reverence difficult to describe.

Mary, with a handkerchief of blue—the Virgin's color—wrapped around her head in the old-country fashion, lifted Joey from his crib, looking the nurse thought, not unlike an Italian madonna herself. As Joey was cooing and stretching his chubby hands eagerly toward the flickering candles, Mary began hesitatingly: "You know, Nurse, me tell you last time, we like to keep Joey for our own baby?" It was hard to go on, but she must make the situation clear to this friend; never before had she failed to understand. "Tony—he must sign the papers if we

keep Joey. Me say 'Wait, me ask the nurse again; she know best.'" Her pleading eyes sought the nurse's face—not much encouragement there, and her voice broke a little now. "This be Joey's first Christmas. Me want to get it fix; so he *belong to somebody* this Christmas—*my* son. You see?"

Yes, now she saw. Perhaps it was the fragrance of the Christmas greens, or the flicker of the Christmas candles. It might have been the clutch of

Joey's tiny hand upon her sleeve which he had gripped in his excited quest of the lights. At any rate she felt a flush of shame burning across her face. Who was she to dictate in the presence of such yearning? Her hands eagerly sought Mary's, as with stinging eyes and a peculiar lump in her throat, she said huskily: "Tell Tony to go ahead and sign the papers, Mary. *Of course* you're going to keep your little son!"

Intracranial Hemorrhage of the Newborn

A Paper Emphasizing the Importance of Keen and Intelligent Observation by Nurses

BY BENJAMIN P. BURPEE, M.D.

DURING the past fifteen or twenty years there has been a very satisfactory and appreciable decrease in the infant mortality rate of the first year. This has been due to a number of factors: *First*, clinics for the supervision of feeding cases, together with an increase in the personnel available through various sources for nursing supervision, have reduced materially the death rate from intestinal diseases and improper feeding. *Second*, the death rate from respiratory diseases has been cut down through the more frequent use of cod-liver oil and of the mercury lamp as preventives of severe rickets which is a great cause of these respiratory diseases. Also there has been a considerable spread of propaganda from many agencies tending to a better understanding along matters of general hygiene.

The most fertile field for lowering the infant death rate under one year, at the present time, lies in the reduction of deaths that occur in the first

week of life from the condition known as intracranial hemorrhage. In other words, the question is becoming an obstetrical rather than a pediatric one. Hemorrhage within the cranial cavity, as a cause of death in the first week of life, is extremely common, more so, it is believed, now that we have better methods of recognition, than has before been supposed. In the prevention of this condition, and thus of the sequelae, in cases surviving, lies the importance of its early recognition and proper treatment. Without any effort or attempt to make diagnosticians or practitioners out of our nurses, it nevertheless seems to me extremely important that the nurse should know something about the condition, particularly its symptomatology and the necessity of immediate recognition, in order to report it to the attending physician for his action.

This condition of intracranial hemorrhage should not be confused with the condition of hemorrhagic

disease of the newborn. In the latter, there is a definite increase in both the bleeding and coagulation times. Of course it is normal in all newborns to have these times increased up to about twelve days, but in the condition of true hemorrhagic disease, this increase is abnormal. Usually external bleeding results from the gastrointestinal tract, cord, vagina or there is bleeding into the skin or the internal organs. It is best to think of hemorrhagic disease as an entity and as one of the predisposing factors towards intracranial hemorrhage, the other two factors being asphyxia and trauma. Trauma is generally considered the greatest single factor, *i. e.*, the actual laceration of some of the blood vessels within the cranium, resulting in the extravasation of blood somewhere within the brain substance, on the surface of the brain, or within the ventricles. There are certain factors that predispose towards the production of these hemorrhages. The most important of these is prematurity when the blood vessels are not fully developed and thus are more easily ruptured. It is quite possible that the immediate cause of death in a great many premature infants is the hemorrhage produced by the trauma of delivery. Other predisposing factors are syphilis, which is probably important only so far as it tends to cause prematurity; maternal toxemia, which may tend to make the fetal blood vessels more easily ruptured; asphyxia, or a better term would perhaps be venous congestion; and lastly the hemorrhagic diathesis or hemorrhagic disease of the newborn. That trauma is the most important single factor is borne out by the fact that the death rate from intracranial hemorrhage is higher in the firstborn and also higher in males which average a larger size.

This condition of intracranial hemorrhage is not necessarily due to poor obstetrics. Many cases occur in easy, normal, spontaneous deliveries, and although trauma is the chief cause, this is often beyond the control of the physician. Some cases are due to the use of the forceps causing a compression of the fetal skull and the resultant tearing of vessels or sinuses within. This is particularly the case if the pressure from the forceps is applied in an anteroposterior diameter or if the forceps are used to pull the head through a space too small for it, causing a too rapid compression of the fetal skull. If forceps are properly applied and are not used as a means of compression, it is doubtful if they do any more damage than the ordinary moulding of the head in a normal delivery. It is a question whether pituitrin can cause these hemorrhages or not. If it is given in large doses, so as to push the head through the cervix too rapidly, thus causing a too rapid compression of the skull, or if it is given where there is bony obstruction, it undoubtedly does harm and is a cause of intracranial hemorrhage.

It is possible that sometimes a toxin circulating in the blood stream of the mother may make the fetal blood vessels in the head more friable, thus tending to produce hemorrhage. However, this is open to dispute, since even in eclamptic mothers, the bad effects often seen in the fetus may be due to the rapidity with which the delivery is often effected, rather than to a toxin absorbed from the mother. The question also arises as to whether or not this condition is infectious, *i. e.*, transmissible in a nursery from one baby to another. Some authorities believe that it is and that all these cases should be isolated. This of course does not fall in line with the statement that the chief cause of the

condition is trauma, yet I have personally seen one obstetrical nursery where twenty cases occurred in six months. The nursery was renovated and closed and no cases occurred for the year following. As far as anesthesia is concerned it is not believed that either ether or gas-oxygen plays any rôle in the causation of this condition. One thing we do know, and that is that it is not wise to leave the fetal head outside and the rest of the body *in utero* any longer than is necessary, since the difference in the two pressures causes an asphyxia and may thus tend to produce hemorrhage. Breech presentation, with the sudden compression of the aftercoming head, often in the wrong diameter, is very apt to produce hemorrhage, while the combination of breech presentation and prematurity is a particularly dangerous one. Precipitate labor is also an important cause, due to the rapidity with which the fetal head is pushed through a not completely dilated cervix.

So much for the etiology of this condition, about which we unfortunately know all too little. It is chiefly the symptomatology of the condition that I desire to stress, particularly those symptoms that the nurse should be expected to note, and the importance of which she should realize. The symptoms of this condition are not always the same. The most important single symptom is the cessation of normal nursing after it has once been established. There are many newborn that do not nurse well the first day or two, from many causes other than hemorrhage, but the infant that nurses well the first two or three days and then cannot be made to nurse, is practically pathognomonic of intracranial hemorrhage. As to the general attitude of the child as it lies in the crib, it may be either very

restless and crying all the time with a shrill cry suggestive of a meningitis, which is the case if the hemorrhage is on the hemispheres, or it may be very quiet and limp and not cry or open its eyes, which is much more common and the case when the hemorrhage is below the tentorium. As to the color of the infant, it may be pale, which is usually the case if the hemorrhage is on the hemispheres, or it may be cyanotic if the hemorrhage is around the tentorium. The pulse may be either rapid or slow, from exhaustion or irritation, respectively, of the vagus nucleus.

Very often the temperature is high, 103 degrees to 104 degrees, although it may be normal or subnormal. It is a question whether these high temperatures are not always dehydration temperatures; certainly a great many of them are. The baby not nursing well becomes quickly dehydrated and the high temperature results. Difficulty with the respiration is another frequent symptom. This may be fatal, due to pressure on the respiratory center, or if not so severe it is manifested by deep, irregular respirations with periods of apnea. This results in pulmonary atelectasis, so that some authorities have gone so far as to state that in all robust infants showing atelectasis, this condition is secondary to intracranial hemorrhage. This statement is perhaps a little too broad, since other conditions, such as a congenital heart lesion, may affect it. In hemorrhages on the hemispheres, the respiratory center is affected late, while in hemorrhages below the tentorium it is affected early. Bulging of the anterior fontanelle is not a constant symptom. In fact, it is more often absent than present and is not found if the hemorrhage is small or below the tentorium.

"Continual complaint" is a very

good term to describe the restlessness of many of these infants in the early stages before there is increased pressure. Continual complaint in the newborn always means something serious and very often an intracranial hemorrhage. Dysphagia occasionally occurs, an inability to suck and a difficulty in swallowing. Signs of cerebral irritation often occur. These consist in twitchings of the hands and feet, nystagmus and even convulsions. A definite paresis or paralysis may occur as a late symptom, usually in the lower extremities. Vomiting is also a very frequent symptom. I have seen one case that simulated a pyloric stenosis very closely because of the projectile vomiting and the fact that no food passed through the pylorus in three hours. The fact that this vomiting started immediately at birth was against a pyloric tumor, in cases of which it does not usually start until about the third week.

Hemorrhages may occur in other parts of the body than the head, and are shown in the form of cephalhematomata, hemorrhages into various internal organs, particularly the adrenal, into the skin and into the whites of the eyes, particularly if the element of hemorrhagic diathesis plays any important part in the causation of the intracranial hemorrhage. One case of my own was dead on the third day, four hours after the appearance of the initial symptom. Cases have been reported where death has been even more rapid than that.

If the condition is not properly treated, the infant either may die, or may get well and show certain sequelae later. These are spastic paralyses, feeble-mindedness or epilepsy. That is the reason why it is important that these cases be spotted early and the proper treatment instituted. The treatment consists of two

procedures, the giving of whole blood intramuscularly and the performance of lumbar puncture. Even though the hemorrhagic diathesis does not play a large rôle in the etiology of this condition, nevertheless the giving of whole blood tends to prevent further bleeding through increasing the coagulation power of the infant's blood and decreasing the bleeding time. It is a perfectly simple and safe procedure. Either the father or mother may give the blood. It is probably better to use the father, if the case is slight, in order not to worry the mother by letting her know that something is wrong and thus upsetting her milk supply. It is probably unnecessary to type, under twelve days, although this statement may be open to dispute. Twenty c.c. of blood is the minimum amount that should be used. It has been shown that less than that has no effect on the bleeding and coagulation times. Other substances have been suggested, such as horse serum and 10 per cent gelatin solution, but undoubtedly whole blood is the best and only agent for affecting the bleeding and coagulation times. This should be given daily until the symptoms subside.

The object of performing lumbar puncture is to relieve the pressure within the head. It is not the hemorrhage, *per se*, that kills, but the increased pressure that results from it. Puncture should be performed every eight, twelve, or twenty-four hours, depending upon the severity of the symptoms. Some prefer the use of a spinal manometer in order to keep the fluid at an exact level. This of course is not available to all and it really seems of slight clinical importance. The main thing is to keep the pressure at a reasonably low level. Objections have been raised to the use of lumbar punctures, on the grounds that they are not always without ill effects

and that they are often difficult to perform. It seems to me that the advantages to be gained far outweigh the possible ill effects. Undoubtedly the chief disadvantage lies in the fact that when the puncture is done the infant has to be jack-knifed and this is apt to increase the intracranial pressure and thus increase the bleeding within the head. I do not believe that in these cases transfusion should be done. It seems only reasonable that if the contents of the vascular system, which already has a leak in it, are increased, the leak or hemorrhage is going to tend to increase. This condition of intracranial hemorrhage is not similar to that which exists in a true case of hemorrhagic disease of the newborn, where transfusion should be done, both to aid the clotting and bleeding times of the infant's blood and to replace the blood that has been lost by external bleeding. We need in these cases of intracranial hemorrhage only the coagulation-increasing elements of the blood and these are obtained in amounts sufficient to prevent further bleeding by the injection of not less than 20 c.c. of whole blood intramuscularly, without the risk of raising, even temporarily, the pressure within the vascular system. Treatment is advisable even in the most serious cases. Often lumbar puncture may cause improvement where a fatal outcome seems assured.

Just a word as to the sequelae of these cases. If the hemorrhage be massive, death may take place rapidly. If the infant survives without having had proper treatment, Little's disease, spastic paralysis, idiocy or feeble-mindedness may result in later years, as well as certain types of epilepsy. Hydrocephalus may also result if the hemorrhage has been in the proper place. Hence the importance of early recognition.

It seems to me that this condition as a cause of death during the first week of life is not generally realized. It is of interest to note that during the years 1923 and 1924, in Manchester, N. H., out of 204 deaths recorded under one month, only two were marked as intracranial hemorrhage, and six as hemorrhagic disease of the newborn, a percentage that is out of all ratio to its really great primary importance. We know that it is the cause of nearly half the deaths under two weeks, and nearly 100,000 babies under one month die in the United States every year. We shall make no headway in our attempts to reduce the infant death rate until this condition is more generally recognized and I believe that our nursing services can be of great use in recognizing these cases and reporting them to the physician for his immediate action.

Baby D.—First baby. Labor about six or seven hours. Delivery normal. No pituitrin used. Nursed normally for first forty-eight hours. Beginning of third day became limp. Had a shrill cry. Temperature 97.4. Would not nurse at 6 a. m. At 9 a. m. nursed well and seemed bright and normal in every way. During the afternoon it again refused to nurse and at night vomited blood. Transfusion was done and the baby grew progressively worse and died within an hour after the transfusion.

I think that the mistakes made in this case were, that treatment should have been instituted earlier, and that the transfusion may have aggravated the hemorrhage. Lumbar puncture should have been done and whole blood given intramuscularly instead of the transfusion. Undoubtedly there was an element of hemorrhagic disease in this case.

Baby B.—First baby. Weight 6 pounds, 7 ounces. Labor of average length. No forceps or pituitrin. Never nursed well the first twenty-four hours and then passed bright red blood twice in the stools. Was immediately transfused from the father.

Would not nurse for 48 hours after that, then suddenly began to nurse well and continued to do so. Four ounces over birth weight in two weeks and normal at a year and a half. Hemorrhagic disease of the newborn, because of external bleeding, also intracranial hemorrhage.

These two cases illustrate a combination of intracranial hemorrhage in the newborn, plus the hemorrhagic disease which may be the chief factor in the causation or may be a predisposing factor only, with trauma as the chief factor. These cases that show a combination of hemorrhage within the head, plus some hemorrhagic disease as manifested by external bleeding, seem to hold a poorer prognosis than those that are definitely hemorrhagic disease of the newborn or that are definitely intracranial hemorrhage without any external bleeding.

The next three cases illustrate the type of intracranial hemorrhage which does not give any evidence of having the hemorrhagic disease play a part in the causation:

Baby L.—Second baby. Weight 8 pounds. Normal delivery. Labor three hours. No pitting. Perfectly well for two days. On the third day nursed well at 6 p. m. At 9 p. m. would not nurse. Lumbar puncture done. Marked pressure of the fluid, which contained old blood. Given 20 c.c. whole blood intramuscularly. Almost immediate improvement and no further treatment necessary. This baby cried almost constantly and had a bulging fontanelle which suggested hemorrhage on the hemispheres rather than below the tentorium.

Baby D.—Second baby. Mother pre-eclamptic. Labor five minutes. Baby cyanotic at birth. Respirations affected. Lumbar puncture showed bright blood. Lived about two hours. Was three weeks premature. This case illustrates very well the susceptibility of the premature, the fetus of toxic mothers, and those born in precipitate delivery (*i. e.*, a too rapid moulding of the head) to this condition of intracranial hemorrhage.

Baby G.—Weight 6 pounds, 7 ounces.

First baby, L.O.A. Normal delivery. Nursed well for three days. Suddenly refused to nurse. Lumbar puncture showed clear fluid. Died in three hours after the first symptom.

The following case illustrates the condition of true hemorrhagic disease of the newborn without any intracranial hemorrhage:

Baby K.—First baby. Low forceps. Nursed well at all times. On the second day began to have profuse hemorrhage from the bowel and from the stomach. Rapidly became much exsanguinated. Transfusion of 100 c.c. of whole blood from the mother into the veins of the baby. Passed no more blood and was normal in every way.



French Medals for Nurses in the World War

WE have been asked to publish once more the following information in regard to French Medals:

American Nurses are entitled to the French Victory Medal if they were attached to French hospitals or ambulance units in the Army Zone for not less than 18 months prior to November 11, 1918, and the award of this medal gives them, as well, the right to the French Commemorative Medal. In addition, the latter is given to Red Cross nurses who served in the Army Zone, or in the French interior with a regular hospital, for not less than six months before the signing of the Armistice. Red Cross nurses fulfilling these conditions may make application through the Nursing Service of the Red Cross. Neither of these medals is a gift to the individual to whom it is awarded; it must be purchased.



Surgical Dressings

THE American College of Surgeons has issued a preliminary report of a survey and study of surgical dressings and materials which, while not conclusive on all points, is extremely suggestive. For example: Operating-room nurses should be not only alert but importunate in the matter of frequently testing sterilizers in order to assure real efficiency.

Industrial Nursing¹

BY CLARA C. DAVEY, R.N.

I WANT to take you back for a short time over the history of industrial nursing, and then show you the nurse as I have seen her in an industrial plant of 1,300 employees.

Industrial nursing like industrial medicine has developed into a new specialty. About a quarter of a century ago, the work was started when employers in great number awakened to a sense of their responsibility for the welfare of their workers. A new point of view began to permeate industry, characterized by greater consideration for the rights of the working man by his employer. Employers had begun to realize that some form of industrial service was necessary to solve the problem of the sick worker.

In 1895 a firm in Vermont employed a trained nurse to visit the homes and care for sick and injured workers. Later a department store in New York City employed a nurse to visit and distribute the funds of the mutual benefit association. It was believed her nursing experience would enable her to do this work well, as she could reduce malingering, but no thought was given to her ability to help in any other way. During the year of the war, many firms adopted some nursing service, the Government being responsible for starting the work in ship yards and munition plants.

Industrial medicine is no longer in its infancy and with the establishment of well-organized medical departments the industrial nurse had made a real place for herself in industry, and yet there are no fixed standards for the industrial nurse. To outline the nurses' part in the scheme, and point out one

path, or lay down one particular method of procedure either for the nurse or the industry, is practically an impossibility, for it would be hard to find any two industries with the same needs.

The volume of work that can be accomplished by a health department in industry depends not only on the industry, but on business conditions. When business is poor and there is need for retrenchment and cutting of overhead, one of the first departments to be cut is the medical. While this might eliminate the doctor, dentist and oculist (if there be one) there usually is a job for the nurse. Well workers mean happy workers, but health work is intangible and does not show in dollars and cents as the books show profit and loss.

The industrial nurse usually has an entrance to industry through the first-aid department, but her value to industry is shown by applying her services to every phase of health work, among the employees. Her daily routine consists of: assisting with physical examinations, following-up of employees with physical defects found by the physician, taking care of employees sent to the rest room, individual health talks, calling employees for reexamination, demonstrating proper carriage and posture, keeping records, following-up of sick employees by home visits, correspondence or through friends, advice to worried workers about sick members of their families at home. Seeing the great benefits that have been the outcome of accident prevention, the employer and the public undoubtedly will adopt the principles and practices of sickness prevention as it perfects itself throughout the country.

¹ Read at the annual meeting of the Ohio State Nurses' Association, Youngstown, April, 1928.

At the Joseph & Feiss Co., where I am employed, the fundamental physical requirements are good health and good vision, the clothing industry being one of the needle trades. Applicants found to have defective vision are required to have it corrected before employment, to avoid doing poor work and to avoid putting undue strain on the eyes. Getting started right, by doing a good quality of work from the beginning, saves time and expense for the employer and employee. It is not uncommon for an applicant for employment to be opposed to a physical examination as paternalistic. But this opposition can quickly be broken down if tactfully met. Our medical department consists of a part-time physician, a part-time dentist and a full-time nurse. We have rest rooms in connection with the dispensary for employees who are acutely ill during the day, and these are used at noon also.

From the standpoint of the employer, the physical examination does not have for its object the elimination of workers, even though keeping out the worst class of physical unfitness, but rather the furnishing of means, additional to those ordinarily employed, whereby more intelligent endeavor may be made to place each applicant in a line of work for which he is best qualified. An applicant found to have flat feet or to be suffering from varicose veins would have difficulty on a standing job, or one suffering from obesity might not be able to do so well on a standing job as on a sitting job.

An employee is observed working in a careless, listless manner and her daily record shows a reduction in earnings. An inquiry determines that she is suffering from a cold, but is reluctant to go to the dispensary for fear of being sent home and curtailing her earnings. She is accompanied to the

dispensary by a foreman and the nurse discovers she is running a temperature above normal. The doctor finds she is suffering from tonsillitis and a severe cold, and sends her home. The nurse has been a factor in the prevention of an epidemic or at least the prevention of a contagious malady. At home, with complete rest, the operator is in a better position to effect a recovery than by trying to work, and she is not endangering her associates. In a few days a follow-up visit is made at the home.

This interest develops potentialities for employment of other members of the family, aside from enabling the foreman to get a report of conditions in the home which may effect the efficiency of the operator. It also aids him to determine whether it is advisable to cover this employee's machinery with another operator in case her absence is for a long period. Sickness, worry, financial troubles are important factors that impair the efficiency of the worker and cause accidents. The industrial nurse's work is therefore not confined to the injured employee but will even cover prenatal and child welfare to expectant mothers.

Instead of the nurse being a hindrance, a detriment, and a destroyer of the doctor's practice, she will help him in many ways. It is being realized more and more that where preventive medicine is practiced in industry the private practice of physicians is not being monopolized. In this way employees who are acutely ill are taken care of during working hours, diagnosis is made and they are directed into the right channel. The average employee is found to be an independent wage earner and usually has his own family physician. A newcomer to the city who has no physician, is given the names of three reliable physicians from which he may choose one.

In the case of an indigent person there are always clinics, health centers and hospital dispensaries to which he may be referred; in this way, the physician in private practice realizes that the physician and nurse in industry are trying to cooperate with him and he in turn will cooperate with them.

Industries in the smaller towns sometimes have a different problem. Where there are no clinics and health centers it is sometimes necessary that the industry provide bedside care for their employees. Even if this is the case, the physician's practice is still not monopolized because in the case of illness an industrial nurse going into the home would not proceed to take care of a case without finding out who the doctor is and what his orders are.

The nurse in industry has from time to time been open to criticism for exceeding her rights. It must be understood that where there is a part-time physician, the nurse must have standing orders from which to work. In the case of emergencies where narcotics might be needed, a physician can usually be reached for a verbal order.

The nurse in industry must make her own job. She must not be afraid to deviate from the so-called professional rôle. She must be interested in all questions, from that of a sick mother at home to the latest kind of a permanent wave, and willing to do her best to help in any difficulty which may arise. She should be interested in the many activities of the organization and be a booster for the things that make people happier. It is for this reason that employers are asking for a socially as well as a professionally trained nurse. A nurse will learn much from her associates or co-workers. It is true that they will also learn much from her. Co-workers who find their story intelligently received by the nurse, have confidence in her and

speak willingly to her about conditions which would not otherwise be brought to the doctor's attention so soon.

Probably in the minds of many people, a nurse in industry is visualized as sitting in a first-aid room, doing emergency work. In my dispensary to sit and wait for accidents to happen would not only be a monotonous job but missing a great opportunity, as our average for 1927 was two sewed fingers a week and four pressed fingers for the year. I mention sewed and pressed fingers, as we consider them our major accidents. There are always minor ones such as slight cuts and abrasions from shears for which employees come readily to the dispensary. They are urged to take care of the small injuries, and that in turn will avoid more serious ones later on. As a matter of fact, this is the least important part of a nurse's work except in the most hazardous industries. In fact, an industrial nurse must not only be an educated public health nurse² but she must also be an interested, confidential friend and teacher. Once you have the employees' confidence, you are their friend for life. I can remember one of our girls who was absent because of illness, telephoning me to say she had a doctor who had prescribed some medicine for her but she did not want to take it until I had said it was all right to do so.

When we realize that the economic loss from illness is vastly larger than

² The graduate nurse who wishes to do public health nursing needs some special preparation for the work. One means of entering the field is through field work under supervision and instruction of experts. Courses leading to a certificate in public health nursing are available in a number of colleges and universities in various parts of the United States and certain of these classes can be taken while the nurse is employed on the staff of an organization. Lists of these accredited courses are available from the National Organization for Public Health Nursing.

that from accidents and that at least fifty per cent of illness is preventable, the responsibility the nurse has in teaching hygiene and health, and observing the potential causes of illness is tremendous. Just as the nurse should know something of shop practices, so also must she learn the shop people. A little psychology is a good thing. To know the habits of the various races often helps in solving shop problems. Many times it is best to treat the man and not the injury. I can remember the case of a boy who cut the tip of his finger off with a cutting machine knife. Clear cut incisions, especially fingers, bleed very much, and at the sight of blood some people faint very easily. In this case

the doctor and nurse could hardly treat the injury because the boy insisted on fainting. The doctor finally gave him a cigarette and that took care of him until his finger was dressed. We have not had to resort to this procedure for the girls yet.

Industrial nursing has its influence both within the industry and without. It is impossible to measure the value in dollars and cents. The benefits are indirect and intangible. It is a logical conclusion that if you keep your workers healthy, you have taken a forward step in keeping them happy. Health and happiness and love of one's work result in a reduction of time lost from sickness and accidents, and an increase in loyalty and efficiency.



The Index to Nursing Literature

IT has been a cause of great regret to the officers of the National League of Nursing Education and to the Committee on Indexing Periodical Nursing Literature that a number of nurses connected with various institutions have either cancelled their subscriptions to the *Nursing Index* or have failed to renew them. The Committee feels that this action is due to a failure to understand the real use of the *Index* and the importance of this effort on the part of the League to put nursing on a more professional basis. No learned profession would consider itself worthy of respect unless its literature were indexed in a systematic manner and while it is true that this effort to make nursing literature easily available is but a first step toward a cumulative scientific index, it is already presenting to nurses a facility which should increase their professional value.

The *Index of Nursing Literature*, under the headings of "Nursing and Public Health Nursing," is included in the *Library Index of the National Health Library*, published weekly by the National Health Library at 370 Seventh Avenue, New York City, at the price of \$2.50 a year. Not only does the *Index* include articles on nursing but articles on allied subjects as well and the page is so mimeographed

that items may be cut and mounted on 3 x 5 cards, in this way building up a subject card index. The object of this publication is to save the time of busy nurses and to make it possible for them to tap sources of professional information which they would not usually be able to reach without wide reading. The *Index* makes it easy not only to select professional reading, according to one's interests and needs, but also to find articles readily when material is wanted on any particular subject. No library connected with nursing schools and organizations can really afford to be without the *Index* nor can institutions which have to do with the vocational guidance of young women or medical or board-of-health libraries which want to make material on nursing and allied subjects available to the general public. The cost is very small (\$2.50 a year); nurses and hospital officials are urged to renew their subscriptions or to make new ones, not only that they may increase their own professional efficiency by the scientific use of their own professional literature, but also to add their support to this, one of the latest progressive efforts on the part of the League. Send orders to Miss Casamajor, National Health Library, 370 Seventh Avenue, New York.

Midwifery in Great Britain

By SISTER MARY LAETITIA FLIEGER, R.N.

GREAT BRITAIN has a splendid midwifery system, second only to that of Denmark which has a very well-developed, up-to-date obstetrical service.

PRENATAL WORK

THE patient is first seen in the ante-natal clinic where she is questioned as to her general health, etc., and is given suitable advice; particular stress being laid upon proper care of the bowels, the diet and the teeth. Some hospitals will not even admit a patient whose decayed teeth have not been attended to after she has been advised to have them treated. The fifth month is considered the right month for extraction.

CARE OF THE BREASTS

THE mother is told to treat her breasts by hot and cold douching, morning and evening, by rubbing the nipples with a rough towel and, in the last month, by scrubbing with a rather soft, clean nail brush and soap and water in order to harden them. Some authorities, in addition, suggest an application of glycerine one day, to soften the nipples, methylated spirit (wood alcohol) the next, and no treatment the next, in three-day cycles.

DIET

AS in the United States, the patient is told she must take a great deal more water than she normally does. Most of the mothers find this most difficult, as little or no water (outside of the tea pot) is taken in England; the extreme moisture of the climate may be the cause of their not needing so much as in warmer, drier climates. No red meat is allowed during the last



SISTER MARY LAETITIA FLIEGER, R.N.

month, only a little chicken and rabbit and plenty of fish. Green vegetables and fruit are advocated and an extra quantity of milk.

CLOTHING

OWING to the sensible clothing of the present day, nothing very much need be said about it, but if the abdomen is at all pendulous or the position of the fetus abnormal, or if for some other reason support is needed, a simple binder is applied.

ABDOMINAL EXAMINATION

AT the beginning of the thirty-third or thirty-fourth week, the abdomen is palpated to discover the lie and to find out if the head fits the

pelvis. If the position is found to be posterior, pads and binder are applied, and if it is a breech or transverse lie, it is turned manually and the abdomen is very tightly bound up. The pelvic measurements are taken to determine whether or not there is any pelvic abnormality. The fetal heart sounds are listened to. The vulva is examined for varicose veins and any unusual discharge. In the case of multiparae, the histories of previous pregnancies are very carefully gone into. If anything abnormal, either anatomical or physical, is found in regard to the mother, or if there is suspicion as to the normality of the fetus, the patient is referred to the doctor's clinic, where he examines all questionable cases. After the first examination all patients are examined about once a fortnight, or oftener if necessary. A specimen of urine is analyzed each month, from the twenty-fourth or twenty-eighth week, and every week or fortnight for the last six weeks or so. The patient is emphatically told for what symptoms to be on the lookout and she is told if anything untoward occurs, to come right up and report.

ADMITTANCE TO HOSPITAL

AS a rule the patient is told to come into the hospital on the assigned date but if she is not very strong, or hard-working, or has very bad varicose veins, she is often told to come in a few days ahead of time to get well rested before labor commences.

TREATMENT

IF labor does not commence about the date calculated, the following treatment is given:

1. Oleum ricini, $1\frac{1}{2}$ to 2 oz.
2. Later a hot, forceful enema.
3. A very hot bath.

4. Quinine, gr. xxx, in three, two-hourly doses.

This often causes the patient to go into labor; if not, it is usually tried the following day, or two days after, and may be repeated several times. The question is one of post-maturity, for neither mother nor nurse desires a large, post-mature baby, on account of the possibility of difficult labor with much damage to the perineum and perhaps inability of the mother to deliver herself and the risk of sepsis in possible interference.

LABOR

WHEN labor first commences, the patient is given an enema (except in the case of a breech presentation, when it may only be given with discretion), and the nurse who is going to deliver the case makes an examination per vagina to find out if the os is beginning to dilate and to determine whether or not the membranes are unruptured and often to verify the diagnosis of the position by feeling the fontanelles and sutures. Usually when the membranes rupture, she makes another vaginal examination. The Central Midwives' Board's rules require the student nurse to make two examinations in the cases she delivers, although it is emphatically stated that not more examinations than are necessary are allowed, on account of the danger of sepsis.

DELIVERY

THE actual delivery is conducted in much the same way as in the United States, except that the patient lies on her left side and an assistant raises her leg, instead of resting on the back with the feet in stirrups. In the case of a woman with a pendulous abdomen, a breech delivery, or a forceps case, she is delivered on her back.

PUERPERIUM

THERE is little need to say much about the lying-in period since it is much the same. The patient is given a light diet for a day or two and on the second or third day, a large dose of oleum ricini, after which she is given an ordinary, easily digestible diet, including fresh fruit and green vegetables. The perineum is swabbed about five times a day with a weak solution of iodine or lysol, under thoroughly aseptic conditions. All normal cases are allowed up from the seventh to the tenth day.

ANTE-NATAL AND POST-NATAL CLINICS

A VERY wonderful system in England is that of ante- and post-natal clinics. Many of them are quite free and the others charge according to the patient's means. Advice on every possible topic is given, urine is analyzed; decayed teeth are treated and even false sets supplied. All kinds of drugs are obtainable, elastic stockings, supporting binders, suitable patterns for baby clothes, even knitting wool, and all at a much lower cost than at a store.

If the baby is to be weaned early, dried milk is supplied. While it is an understood fact that modified cow's milk is the next best thing to mother's milk, it is often difficult to be sure of getting a really clean milk supply and some of the poorer mothers are not very careful in handling it, even though it may have been pure to start with, hence, a dried preparation is often advised.

THE VISITING NURSE

THE visiting nurse is a great factor in the general health of both mother and baby. All babies born in Great Britain must be registered at

the town halls of the respective districts and after the patient leaves the midwife's care, a nurse is sent periodically to visit the mother and advise her as to the care of herself and the baby.

MORTALITY RATE

THE death rate in England is considered very low. There are between 500,000 and 800,000 babies born yearly and it is estimated that about 3,000 mothers die from different causes. The reason for these low figures is easily proved: most of the mothers are delivered by midwives and they are not allowed to interfere any more than is necessary. Behind them is a very strict Midwives' Board which has issued a book of rules and regulations which must be carried out to the last letter. Woe betide any nurse with a history of many septic cases. An inquiry is made into every death and if, for any reason, the midwife attending is to blame, her name is struck off the register. Once removed from the roll, it is very difficult to get back on again. No one other than a doctor or a registered midwife may deliver a patient in Great Britain except in case of grave emergency.

DISTRICT WORK

MANY mothers, for various reasons, prefer to have their babies born in their own homes, hence a very good system of district nursing has evolved, and each nurse must spend one month gaining valuable experience on the District.

Some hospitals have a separate little department where the small children of the mothers are kept during the lying-in period, which is a great help in lifting a load off the mothers' minds, on account of the difficulty in finding a suitable place, or a person to look after the small children.

EDUCATION OF THE STUDENT NURSE

IN addition to the practical education of the nurse which has already been stated, she has to attend at least thirty lectures at a central hall, given by the most prominent obstetricians of the city who are appointed by the Central Midwives' Board. In her own training school, she is all the time instructed either theoretically or practically and, as far as possible, she is sent to see all abnormal cases.



American College of Surgeons

THE Hospital Standardization Report for 1928 is one of unusual interest: 1,202 hospitals in the United States are listed and of these 1,064 are fully approved. These are hospitals of twenty-five beds and over.

Thoughtful consideration has been given to the nursing service, for "the American College of Surgeons is deeply impressed with the need of good nursing service in every hospital." The report states that "there is no reason why the proper education of nurses and the care of the patient cannot go hand in hand." The following suggestions are submitted as a practical basis for an efficient nursing service, particularly as applying to hospitals conducting schools of nursing.

1. That there shall be a properly organized nursing department under competent supervision and direction for the administration of the nursing service and the education of the student nurse. This department to embrace at least:

(a) A superintendent of nurses, principal of the school of nursing, and other necessary executive officials.

(b) An adequate corps of graduate-nurse supervisors, competent in their respective fields, for supervision of the nursing service in the various clinical departments of the hospital.

(c) A teaching faculty consisting of the teaching personnel of the nursing staff and the members of the medical staff engaged in the instruction of the student nurses.

(d) A nursing committee appointed by the governing body of the hospital and consisting of representatives from the board and medical staff, as well as the superintendent and principal of the training school, and others deemed

advisable to act in an advisory capacity in all matters pertaining to the education of the student nurse.

2. That due care be exercised in the selection of the student nurse from the physical, mental and moral standpoints and that proper living, working and educational conditions be provided, so as to attract to the nursing profession the type of women that one may satisfactorily instruct and safely entrust with the care of the sick at all times.

3. That the preliminary educational requirement for admission to schools of nursing be three years' high school or its equivalent, as a minimum, and that the course of training be not less than three years, embracing the theory and practice of nursing necessary for a general training, and as best equips her for the efficient nursing care of the patient.

4. That there shall be a sufficient range and variety of clinical material, either in the hospital or through acceptable affiliation—a properly equipped classroom and adequate laboratory facilities for the theoretical and practical instruction of the student nurse in accordance with one or other of the standard curricula.

5. That there shall be a comprehensive system of school and hospital records—the former indicating the progress and standing of the student nurse throughout her training, and the latter providing an accurate record of the nursing observations and care of the patient.

6. That due care be exercised at all times to ensure safe and efficient care of the patients through

(a) Proper ratio of nurses to patients

(b) Careful assignment of duties to student nurses

(c) Competent supervision of student nurses in all nursing procedures

7. That there shall be regular meetings of the graduate nursing staff, at least once a month, to review and analyze the nursing service and educational work of the month and determine the causes of progress or of inefficiency in order to increase the efficiency of the nursing service and improve the education of the student nurse.



Out of the Mail Bag

"I AWAIT with eagerness each succeeding issue for I find that the *Journal* keeps me in touch with nursing activities in the States which I could not possibly get from any other source in this far away, but very beautiful country."

South America.

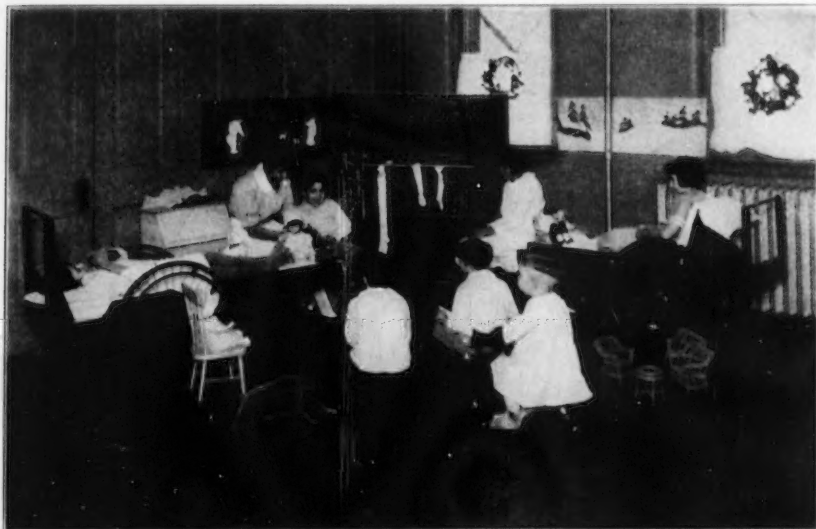
A. K. A.

At the Children's Hospital, Cincinnati

As told by Betsy Bates, one of the children

I SHALL never forget one lovely Christmas we had here. We were preparing for it for weeks ahead, such busy, busy times! We all made out our gift lists and got to work to make pretty things for all our friends and relatives. But that wasn't all. A list was made of every one in the Hospital, that is nurses, doctors,

was done with bright and shining ornaments as the result. Besides all this we decorated the playroom and the wards, too. We made wreaths and tied them with bright red bows. They were quite effective hanging in the windows. We practiced carols and rehearsed our play. Of course, each one had a poem to say, besides.



Our frontispiece shows the beautiful playroom in the new hospital but, with children's glorious gift of "make-believe," the improvised chimney of the days in the old hospital was the center of equally high hopes.

aides, porters and so on. Everyone of them received a gift that we made for them. To be sure the gifts weren't elaborate—calendars, blotters, shaving pads, and bookmarks mostly, but everyone had helped make them and no one was forgotten.

The tree ornaments! For we had a secret. We were going to decorate a tree for each ward so the children in bed would have a surprise. Such painting and cutting and pasting as

In the midst of all this, big boxes would arrive. They were hustled out of sight till we were out of the way. More surprises, we guessed. It was loads of fun trying to guess what those mysterious boxes contained. Miss Reuss, our teacher, would go slipping out and when she returned it was with shining eyes and she really looked as though she could hardly keep the secret.

Then one exciting night, after we

were all in bed we heard bells. Who should come walking into the ward but Santa Claus, himself? Such a surprise! We'd all written him letters, so we thought he knew what each one was wishing for. But wise old Santa Claus wanted to make sure. So he went from bed to bed talking to every one and getting our lists. When he had seen everyone, he departed with a jingling of bells, leaving much talk and merriment behind.

At last the day before arrived. My, we were busy but oh! so happy to be so. First we finished wrapping a few remaining gifts. Most of that had been done days before, for today we must decorate the trees. We divided in groups, a few for each tree. How our hands flew! It wasn't long before the little green trees were decked with the bright, shining things prepared for them. How pretty they looked! When that was done, one last rehearsal of the play and we were shooed off upstairs. We didn't know everything, you see, and things were to happen in that playroom that afternoon. It was hard to nap that afternoon, but we all tried, for we wanted to be fresh for the night and whatever it might bring. How the time did drag, but we finally finished supper and then!—then!—

Oh! how we all shivered with delight and suspense, all lined up before the big playroom doors. At last the doors were thrown open. We all just shouted, for there in the middle of the room was an immense tree, its topmost star touching the ceiling. Around it were piled white, wrapped packages.

In we came in our wheel chairs and carts, around the tree to the space curtained off for a stage. Our audience were the nurses and doctors and all the nice people connected with the Hospital. Carols were sung, the play

enacted, the poems recited, and more carols sung. Then the grown folk had their turn. They distributed the gifts. Everyone received one or two. Such crackling and tearing of paper, and such cries of pleasure, happiness and thanks. When every gift had found an owner and been opened and admired, we went upstairs to bed. Of course, every bed had a stocking hanging at its foot. I'm afraid everyone didn't go right to sleep that night.

At some time or other, we have all been awakened, I hope, by the sound of the beautiful old carols being sung under our windows. That is what woke us Christmas morning. The nurses were singing for us and how beautiful it was. When they had finished, there were shouts of "Merry Christmas" and all jumped for their stockings. What fun to open them! Breakfast, and then to the rest of the gifts. Well, everyone knows what fun that is.

Before dinner we all gathered in the little chapel where we had a beautiful Christmas service. When that was over, it was time for dinner, and such a dinner it was! My mouth waters when I think of it.

We were all ready for naps that afternoon, and when we woke up, our own dear mothers and fathers were there to see us.

That evening, when we were ready for bed, one little girl said, "Why this was almost as nice as home. I didn't think Christmas in the Hospital could be any fun at all." But it surely was.

That's the way we all felt and I know this coming Christmas is going to be just as much fun, and maybe a little more, for we have our beautiful new Hospital to celebrate in. So we are all wondering and guessing and wishing the time would hurry and come, for we know it will be a happy time for all.

Catherwood House

Children's Hospital of Philadelphia



ROOF GARDEN

SINCE the accompanying pictures were taken, the name "Catherwood House" has been carved in stone over the handsome and hospitable entrance of the new residence for nurses at the Children's Hospital of Philadelphia. This act commemorates the name of the generous donor of the building and it is hoped that it will prevent the use of the unhappily institutionalized word "Home" in connection with a building carefully planned for gracious living.

An unusual number of excellent qualities have been embodied in the building and its furnishings. Class-rooms, for example, are not only spacious and well-equipped, but are free from the disfiguring pipes and the gloominess that are the inevitable defects of such rooms when built on "first floors" that are partly underground.

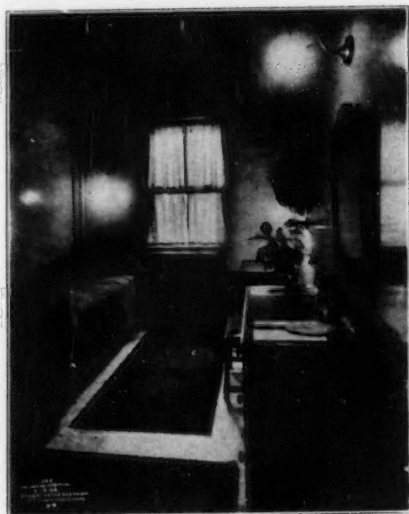


MAIN DOORWAY

A degree of quiet and an appearance of "marble halls" has been assured by



LIVING ROOM



STUDENT'S BEDROOM



KITCHENETTE

the use of rubber flooring in the corridors, while the more durable terrazzo with suitable rugs has been used in the rooms. The details of lighting shown in the illustration of a student's room, that is, lights over the bedhead, desk and dresser, are an indication of the careful attention to those things which make for comfortable and efficient living. The furniture in the bedrooms is wooden, early American in design, and the stationary washstands are buff-colored instead of the commonly used white porcelain.

The problem of shades has been solved by eliminating them! The windows in all but the more formal living rooms have sash curtains of heavy shadow-proof, washable material—ecru mohair. These sash curtains are in four sections on hinged rods which open into the room, thus permitting access of sunlight through the entire window, from half or from a quarter of the window, as desired.

The simplicity and charming good taste displayed in the living-room furnishings are characteristic of the entire building. The Seminar Room is equipped not only with reading tables, reading lamps, comfortable Windsor armchairs, books and technical magazines, but with globes and maps. An unusual feature is a men's coatroom and lavatory connected with the main hall on the first floor by a stairway leading only to that room.

As for the roof, it is but natural that in a children's hospital, where sunlight is really appreciated, the roof should be planned, not only for recreation, but for such hours of restfulness

as may be had by nurses who follow the example of the children and spend off-duty hours in the sun, clad only in bathing suits.



The Epidemiology of Undulant (Malta) Fever in Iowa

THERE was a marked variation in symptomatology and physical findings, as is characteristic of this disease. The onset was commonly insidious, but in a few instances was sudden. Weakness was the first symptom, usually, and the only constant one. Profuse night sweats were the most striking feature, although these were not always present. Sensations of chilliness were common, and rigors occurred in the severe cases. General aching, backache, headache, and arthralgia accounted for most of the pain. Anorexia, succeeded by a good appetite, even with fever, was common. Constipation was the rule. Insomnia, irritability, and apprehension were the usual nervous disturbances. A secondary bronchitis sometimes occurred. The patients often did not feel ill when at rest and did not look ill. In more than half the cases no abnormal physical findings were detected, but a palpable spleen and epigastric tenderness were often noted. The temperature was irregular and intermittent, usually with morning remissions, often to normal. In less than one-third of the cases were there known undulations with periods of apyrexia. The total white-blood count tended toward a slight leucopenia; the differential usually showed a decrease in polymorphonuclears with a corresponding increase in mononuclears. The course, which covered a period of three weeks to nine months, was marked by a progressive loss of weight and anemia. Arthritis, orchitis, mastitis and cardiac disturbances were the complications observed, but were not of frequent occurrence. The cases varied in severity from an ambulatory to a malignant type; but the intermittent, with relatively mild but persistent symptoms, were common."—From Public Health Report of U. S. Public Health Service, September 21, 1928.

In the Hospital¹

(*Laddie Speaks*)

BY EMMA R. HEMPSTEAD

SHE'S a brick!
Don't mind bein' sick,
When she's around.
Wish't your head 'u'd ache,
So she'd come and take
Care o' you.
Just makes the pillow smooth
And easy like,
And laughs so soft, think you're aloft
Up in the apple boughs,
With the wind a flutterin' the leaves.

And when the sleep *won't* come,
And you wish't you was home
With mother and the rest;
And the lump in your breast
Gits so big,—
Fingers soft touch your hair,
And you hear a bit o' song,
And begin to think
You're down in the clover meadow,
With the bees a-takin' a drink
Out o' the blossoms,
And a hummin'; while the brook makes
Soft, ripplin' sounds, like music.
Then you forgit for awhile;
And afterward you wake up,
And her smile is worth wakin' for:
Sunshiney-like, and glad
'Cause you're feelin' good,
Kind o' as if you would
If you hadn't got hurt.

One day, they brought a letter,
And I kind o' thought I better
Lie real still,
And not bother while she read it:
Boys deserve a lot o' credit
When they're *nil*.

By and by, I said, I ruther
Guessed her brother
Likes her,
'Cause he writes such long ones;
And the pink come in her cheek,—
You could just lie still a week
And look at her, smilin' there,
With a somethin' in her eyes
Like you see in the blue skies
When it's hazy, in the summer.

Then, one day, I got a letter,
And my mother said I better
Ask my nurse to come to see us,
When I got back home again.
When I told her,
Said she'd like it. "'T would be heaven!'"
I don't know! You see there's seven
Of us boys, and little sister.
But I think it would be jolly,
For we boys and little Polly—
We'd take care o' her (you bet you!),
When she's down there on the farm.

She will see the cows and chickens,
And we'll show her all the places
Where the ferns and vines are plenty,
And where birds are softly singin',
And where leaves above are flingin'
All their shadows on the grass.

And we'll all float down the river,
Where the banks are all a-shiver
With the wheat and yellow poppies,
And the grasses bendin' low;
And you hear the cow-bells tinkle,
And the stars come out a-twinkle,
And all is still and happy,
Don't you know!

When the doctor comes to see me,
She gits tall as anything;
Sober, like she wasn't carin'
'Bout the singin' and the letters,
And how boys like me was farin',
'Cept my bandage is secure;
But I know the smiles are waitin',
And the songs and talks are ready,
And we'll keep 'em goin' steady,
When the way is clear for sure.

Lyin' here,
Feelin' queer,
Thinkin' about things:—

If I was hurt ag'in,
I'd come here quick.
Say! don't you wish't
You was sick?

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Convalescent Care as One Nurse Sees It

BY HELEN A. FOWLER, R.N.

EVEN the most skeptical in the medical profession will agree that convalescent care is most essential to complete a great scheme by filling in a rather neglected sector in our public health cycle, today. Experience everywhere, especially in large army hospitals during the World War, proved this, although convalescent care is as old as Hippocrates, at least. During the past eight years, great strides have been made in this important phase of preventive medicine and keen interest in it has been shown in this country. We are told that Europe has been alive to its value for years and that there, extensive work has been established. As a result, the most illuminating literature on convalescence can be procured. (See Dr. John Bryant's book on "Convalescence, Historical and Practical.")

Quoting Dr. Frederic Brush of the Burke Foundation, White Plains, N. Y.:

Convalescent nursing is distinctive. It is essentially practical management and re-training of diverse personalities in various kinds and stages of subnormal health—physical, mental and moral. The nurse's influence during this malleable period is proven to be potent and lasting. For years after, patients refer back to their nurses in gratefulness.

Why this particular phase of nursing should interest me, for I find it is very tiresome to most nurses, I do not know, but it was shortly after my release from the army, in 1918, that I realized the pressure for convalescent care and interested a small group of wide-awake women in one of our large cities to the extent that they decided to organize a unit for this purpose when they could see their way clear to raise the necessary funds. Five years later the call came, and though otherwise engaged I responded at

once. What brief experience I had in hospital management, dietetics, and occupational therapy, along with my nursing profession, proved a valuable asset for I soon realized that convalescence required that I know how to be chief cook, etc., even if I were not to do the actual work.

At first our ideals and plans for operating were much discouraged, but our vision was clear and spirits dauntless, so we went ahead. Then came the question as to the name of our organization. Should we call this most exciting venture a convalescent home or a hospital? Since it was really to be both, we decided to call it a convalescent hospital.

Perhaps there is no class of patients who suffer more from lack of care than the middle-class Americans who can pay something and who resent being sent to a free convalescent home. On the other hand, they would be unable to pay the high prices of the more expensive sanatoria. A nominal charge is made, the deficit for maintenance being supplied by a welfare federation. This is understood and regulated standards are maintained. Hospital costs are thus reduced, convalescent cost being less than half hospital cost, per day. Worry over finances is much lessened and is sometimes eliminated entirely. There is no question that a patient's home is the cheapest place to convalesce, but all homes are not ideal, and even the best are not conducive to as rapid or perfect a convalescence as is a well-maintained institution. In a recent survey of one of our large cities, it was found that only one-half of the homes were suitable to convalesce in. This applied to men, women and children. For example, there are

instances where severe surgical dressings have to be done every day, over a period of weeks, although the patient may be able to be up and about. In thyroidectomy cases, where there is usually a heart complication and convalescence lasts for three or more months, progress is only assured where careful attention to rest and supervised recreation can be had. This applies also to any patient with a heart condition, chorea, and pre-tubercular cases. In fracture, orthopedic and infantile paralysis cases, often physiotherapy treatments are prescribed. Cases like these have made slow progress in city hospital sun porches. De-hospitalization often marks a decided progress, after the transfer to country convalescence has been made, as the great stride back to normal living immediately raises the morale of the patient. Also there are the gastro-enterotomy cases and the diabetics who need carefully prepared diets for weeks. The patient may be well aware of this, but he would not be able physically, or have the knowledge, to teach in his own home, some one who could carry out the prescribed diet necessary to bring him to perfect health. Physicians and hospital social workers know this and are only too glad to find resources to meet this need.

In thus supplementing home care, many times the convalescent hospital functions far beyond the prescribed medical treatment or rest in its preventive, educational, occupational, vocational and spiritual direction. Close contacts with others are often a great mental stimulus. In a rather small unit of thirty or forty beds, a careful selection of patients has to be established for there is always the danger of the chronic or incurable cases taking the place of the truly convalescent, and although patients may have to re-

turn several times for rehabilitation, they may not be considered chronic, and even those who are considered chronic benefit by temporary care. What would be more disastrous than to neglect the selection and find that some one had entered the group, only to bring infection of some kind? Even mild mental or borderline cases are very disturbing and should not be included unless investigated thoroughly beforehand. An application form, now standardized for this purpose, with a complete history, both physical and social, is a necessity. This record should be continued throughout convalescence, and progress determined through the examinations of the visiting physician, weight charts, etc. The length of stay should be judged entirely by the progress of the patients and their fitness for work and social living.

A large percentage of patients come who have no particular illness or breakdown, but who perceive early symptoms of such and take advantage of a rest and building-up before actual illness occurs. These are called Preventive Convalescents. We are all only too familiar with this rather hopeless group not to sympathize with them and help to overcome at the onset what might be a serious illness. Girls and boys who have struggled for an education, working at an early age and keeping up their studies by going to night schools, the poorly nourished, mothers with large families and the so-called machine man, are types for preventive care. This does not mean that a convalescent hospital or home should be used as a vacation house or hotel at any time. The danger of this is being overcome as the physicians and social workers are realizing more and more what true convalescent care means.

All social problems are placed with

the hospital social service departments or organizations before a patient is sent for convalescent care, thus eliminating any need for a paid social worker in the convalescent hospital or home.

Arrangements are made to transfer all patients to and from the country hospital in a motor provided for that purpose, and the journey is made as comfortable as possible. Sometimes a nurse accompanies the more serious cases and at times, even ambulance transport is necessary. Provision is made for patients to go to follow-up clinics during their stay at the convalescent hospital.

It is such a delight to see how happy and radiant the newcomers are at their first glimpse of the country, either in summer or winter. The old house, spacious porches, shade trees, flower gardens, etc., lend an atmosphere of rest and cheer. After a cordial welcome the patient enters, sometimes willingly, but most often after a battle within herself, against this tranquil period so necessary to recovery.

Without minimizing any of the important and technical points of this particular kind of care, the actual nursing and applied psychology of nursing are by far the most important factors.

It is most amazing how all sorts and conditions of men, women and even children can be taught in so short a time to live happily together; how they can be taught to refrain from gossiping about themselves and their intimate family life by employment through occupational therapy which includes all kinds of handwork particularly suited to the individual or the case, and by recreational therapy which includes walks, rides, outdoor and indoor games and entertainments of all kinds.

After one patient had received a

pamphlet of the hospital with the picture in the front, which was taken in the winter and looked rather dreary, she almost decided not to come, but after thinking it over, she thought that a house so full of windows must be cheerful, at least when the sun shone, and at last decided to try it. She was delighted with her first impression; the bright chintz-covered chairs and curtains, a few well-selected pictures, bookcases full of readable books, the latest magazines and newspapers, piano, radio and victrola. The dining room with its small painted tables, seating four or five, many colored linen coverings, brass candlesticks, and candles to match the covers and the attractive china, she said, gave her an appetite as soon as she entered. Cut flowers and potted plants all about the house, help to make it more homelike and add color and harmony. Way back in the beginning there was so little money that we had to decide between highly polished floors and comfortable beds—soft all-wool, white, pink and blue blankets, colored dimity spreads and bedside lights. Needless to say we chose the latter. It is interesting that the patients themselves take such pride and pleasure in keeping their rooms in perfect condition while they are guests, sometimes adding a silk lamp shade, bureau covers, curtains, baby pillows or braided rugs to the particular room that they have occupied.

Patients are not asked to do any housework of any kind unless they volunteer. Many times women are encouraged, taught and stimulated to be better homemakers and to have a higher ideal of living. This is particularly true in regard to diets and planning a well-balanced meal.

Aside from the special diets, a well-balanced meal, generally low in protein, well-cooked and attractively

served, is the best for convalescents. Fresh green vegetables all the year round (supplied by our own garden in summer), plenty of milk and fresh eggs, are essential.

Medicines, surgical trays, sterilizers, etc., are not in evidence, although they are indispensable in a hospital of this kind.

Generally speaking, nurses prefer acute illness to work in this important field which I have tried to picture, and

I am wondering if the time will ever come when large hospital training schools for nurses will affiliate with convalescent homes and hospitals and include convalescent care in their curriculum. For, after all, are men, women or children such dissimilar creatures when the acute stage of their illness has passed and they begin to think and act and feel more normal, that we should regard them so differently in the nursing profession?



Representatives of almost every country in the world may be found in this group taken at Christmastime, at the Out-Patient Department, Children's Hospital, Boston

Nursing in Plastic Surgery¹

By MARIE S. WOOD, R.N., in collaboration with J. EASTMAN SHEEHAN, M.D.

ON one occasion, when a patient had been returned from the operating theater, I heard a famous plastic surgeon say to the nurse: "Now I have done my work, and it remains for you to see that the

strength by illness; reconstructive surgery, in most cases, is not gone on with until the patient is in good condition. He is strong enough to disobey orders, and as the first order often is to lie in one position and to remain so, without even a pillow, it becomes a contest between his impatience and the nurse's tact. But the patient, as soon as he feels he wants that pillow, is willing to earn it by obedience, if he is kept in a pleasant state of mind. The test of effi-



ANGIOMA OF LIP AND MOUTH
Condition on entry

final result is the best it can be." Of course he did not intend it to be inferred that he would see no more of the case; in fact, these cases have constant and solicitous supervision, and must have, by the surgeon in charge. It is true, nevertheless, that much depends on the nurse.

From the very first she must be a diplomat. These patients, unlike most others, are not reduced in

¹ Illustrations by courtesy of Dr. J. Eastman Sheehan, Chief Plastic Surgeon, the Post Graduate Hospital, New York City.



ANGIOMA OF LIP AND MOUTH
After operation

ciency in this respect is during the first twenty-four hours, when pain and discomfort are at their worst. Being within call is not enough; the nurse should try to anticipate his needs and make him conscious of genuine

interest and that in a way to cheer him when he most needs cheering.

Next comes watchfulness. Even where there is little more to be careful about than a sutured wound, the enemy is always threatening. That

Again, the competent nurse will very soon realize that there are peculiarities about skin flaps that are not encountered in other surgery. Every transfer of skin is made at some risk of the life of the part that is transferred. We are all more or less alarmed by what is out of the usual experience, and most nurses, before they learn, are apt to be rather terrified by the unnatural appearance produced in the early stages of these



WINDSHIELD WOUND
Condition on entry

enemy, of course, is infection. If the smallest focus of it shows between the stitches the attending surgeon must be notified. Suturing, in this sort of surgery, is an art by itself, the object being to leave no perceptible scar. After all the time and patience spent in bringing the edges together so that they will unite with scarcely a sign of the incision, it would be disastrous to let infection undo all the work over which such precautions were taken; for, of course, where there is infection there must be a scar. Watchfulness, therefore, and instant notification of the surgeon in charge, are absolutely essential.



WINDSHIELD WOUND
After correction

procedures. Confidence comes, however, when, following instructions, it is seen how edema and discoloration can be controlled. One has to understand, for instance, that a pedicle skin flap must be kept warm. With these, light massage and compresses at blood temperature are a routine for the first twenty-four hours, and one soon learns that the

first sign of cyanosis is a clarion call for more warm compresses. The main point is that one must be so watchful as not to miss that call the minute nature sends it forth; otherwise there may be disaster.

All the present tendency in this work is to get rid of bandages that interfere with visibility at the earliest moment it is safe to dispense with them. This is a great aid to the nurse in charge, for what is seen is much more convincing than what can only be guessed at. But there are some procedures, notably those on the eyelids, where the covering bandage must be continued for rather long periods. Here, naturally, one must be on the watch for signs that the eye, under the bandage, is in trouble, and it is most important to know what symptoms to look for. It would never do to ruin an eye when making a new lid for it.

Cleanliness, always, is the first law. Here, since the face is the scene of most of these procedures, and since infection may be productive of some new disfigurement, the need for it is absolute. One soon learns that there can be no compromise.

It takes a little time to get accustomed to what is unusual in these cases, and to realize that because of what is being done for them the patients are going to be able to take up their lives with none of that dreadful consciousness of their affliction which has made every contact with their fellow human beings a misery to them. Many will get back the ability to earn a living, because employers will no longer turn from them on sight. After contributing, in a measure, to this result in two or three instances, one gets a very real thrill from the very thought of it. Then indeed, with a stronger motive than instructions can supply, one becomes

anxious to know the why and wherefore of the restoration of the tissues. And one realizes, too, the therapeutic value of friendliness and sympathy, which cost nothing and are highly repaid, and, above all, of constant watchfulness which may prevent disaster which even the surgeon could not repair before too late.



What Untoward Results from Vaccination Are To Be Looked for?

WITH aseptic technic and a small insertion site which is kept dry and cool, the great majority of vaccinations go through their typical course and heal promptly if the crust is left undisturbed. The freest possible access of air currents and the natural friction of the clothing seem to promote firmness and rapid crust formation in the superficial skin layer of the vesicle. Particular care that all precautions are taken should be exercised in primary vaccinations.

Rarely, due possibly to skin bacteria which cannot be removed by the preliminary cleansing, the vesicle will become purulent and extend beyond its normal diameter, which is not over three-eighths of an inch (10 millimeters) greater than that of the insertion site, the drying up of the vesicle and the fading of the areola being thereby delayed. Opening of the pustule and the temporary application of some strong antiseptic, such as mercuric bichloride solution, should be practiced if this takes place. As soon as a fair-sized areola has formed, the maximum immunity against smallpox has been attained, and the use of an antiseptic will not diminish the vaccinal protection. In general, temporary moist dressings, or single applications of a liquid antiseptic without a dressing, are to be preferred to powders or ointment. Occasionally the vesicle may soften or accidentally rupture, or the crust be knocked off, in which case, also, temporary dressings may be indicated, but the formation of a firm, unprotected crust should be favored as soon thereafter as possible. For some infants, a roomy sleeve fastened to the neck and wrist may be useful to keep out the finger nails.—From the *Weekly Health Bulletin*, Connecticut State Department of Health.

The Harris Drip¹

PURPOSES: To supply heat, fluid, nourishment, and to carry off gas and waste.

Equipment: A tray with

- Irrigating can
- Three feet of rubber tubing
- Glass connecting tube
- Rectal tube
- Emesis basin
- Toilet paper with small amount of vaseline
- Clamp
- Towel
- Extension light
- Small amount of one-inch bandage, to tie light
- Two large safety pins

Procedure: Connect the tubing, the connecting tube and the rectal tube with the can, and clamp off.

Put into the can: 20 per cent glucose solution, 10 oz.; sodium bicarbonate, 6½ drams; water to make 40 oz.

Carry to the bedside, and place the can on the bedside table.

Allow air and cool solution to run out of the tubing into the emesis basin. (The temperature of the solution should be from 110 degrees to 115 degrees, F.)

Lubricate the end of the rectal tube with vaseline and introduce it into the rectum, about six inches.

Remove the clamp.

Raise the can and allow the solution to run into the rectum.

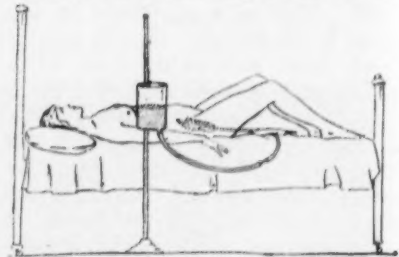
Lower the can about one foot below the level of the rectum and allow the fluid to run back into the can. Gas will also return.

Repeat several times.

Place the can on the table and see that the outlet of the can is one or two inches higher than the level of the rectum.

See that the tubing does not dip down off the bed; it may be held in place by pinning it to the *muslin* draw sheet.

Place the electric-light bulb in the



solution so that the metal part does not become wet.²

Place the plug in the wall socket and turn on the current.

Cover the can with a towel. Secure towel around top of can with safety pin.

Remove the emesis basin and tray from the table but leave the clamp.

Points to remember: Change the solution as often as it becomes soiled, and clean the can.

Keep at an even temperature.

Elevate and lower frequently. Whenever the patient seems to be uncomfortable he may be given relief by doing this and so carrying off the gas which is distressing him.

The drip is doing no good if the solution always stays at one level.

When the drip is discontinued, all equipment must be put away thoroughly clean.

Chart the treatment, duration and result.

² Great care should be taken in using an electric light in the fluid, lest the metal part enter the water which is an excellent conductor of electricity. Dr. Titus keeps the fluid warm by passing the tube over a hot-water bottle.

¹ This treatment was referred to as the "tidal-stand method" of Harris in the article on "Toxemias of Pregnancy" by Dr. Paul Titus in the *June Journal*. We are indebted to Dr. Titus for the cut and to the Long Island College Hospital for the outline of the procedure, as that is where Dr. Titus first saw it in use. The name, however, honors Dr. Harris of Paterson, N. J.

Location and Equipment for a Nurses' Station

By ALICE SHEPARD GILMAN, R.N.

THE most advantageous location for the nurses' station or charting desk is determined by the following factors:

1. Centralized visual control
2. Light and ventilation
3. Elimination of drafts

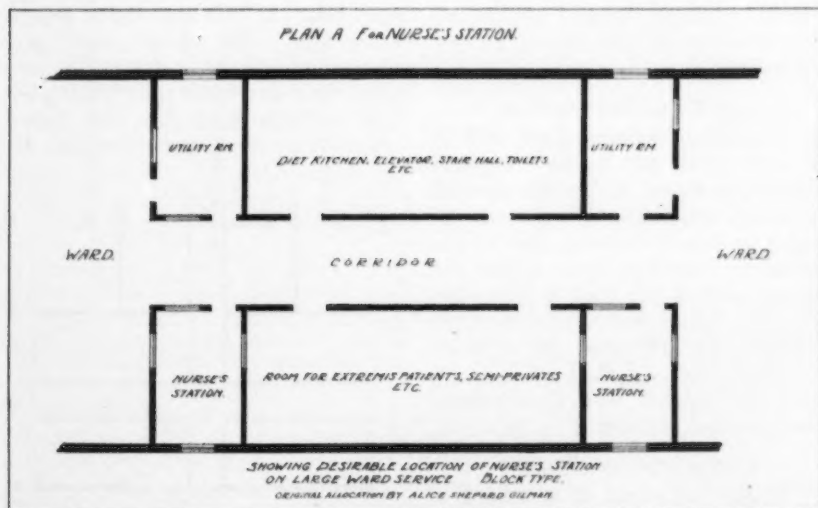
CENTRALIZED VISUAL CONTROL

IN order to secure constant supervision of hospital wards and corridors, it is always desirable to locate the nurses' station so as to give the nurse in charge visual control of the parts of the building for which she is held responsible.

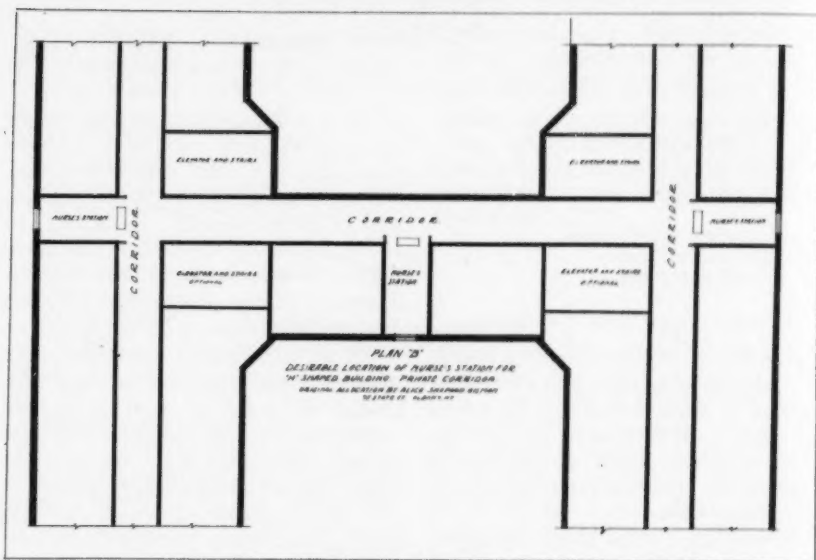
Where large ward units are used, each unit should contain a nurses' station. In this case the most desirable location is directly off the ward proper and connecting with the room or rooms reserved for very ill patients. (See Plan A.)

When groups of semi-private wards are used in preference to the larger ward unit, the chart office or nurses' station should still command a position of visual control. This may be accomplished by the use of half glass partitions with curtains that may be drawn to insure privacy for patients at such times as may be necessary.

On private patients' corridors, the nurses' station should be centrally placed in order to control all entrances and exits, including the passenger elevators. This position insures prompt attention to visitors as well as to members of the medical staff. The silent call system, now almost universally used, is satisfactory as far as the demands of patients are concerned, but in this particular department where there is almost constant corridor traffic by persons unfamiliar with the hospital, it is



PLAN A—SHOWING DESIRABLE LOCATION OF NURSES' STATION ON LARGE WARD SERVICE, BLOCK TYPE



PLAN B—DESIRABLE LOCATION OF NURSES' STATION FOR "H"-SHAPED BUILDING, PRIVATE CORRIDOR

advisable to have a centrally located station. (See Plans B or C.)

The accompanying floor plans, showing three of the more usual styles of hospital building, suggest advantageous locations for the nurses' station for each type.

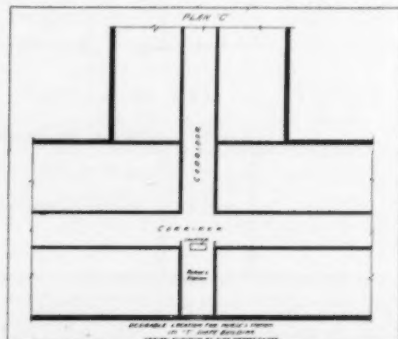
LIGHT AND VENTILATION

IN studying these plans it will be seen that all nurses' stations have been placed to provide natural light and ventilation. When not engaged in actual bedside care of patients, the nurse on duty spends the greater part of her time in this office and with the modern emphasis on the necessity for light and air, it is inconsistent for hospitals to provide artificially-lighted and ill-ventilated space for this purpose.

ELIMINATION OF DRAFTS

EVERY principal of a school of nursing knows the number of students reporting colds and sore

throats, contracted while on night duty, a direct result of bad ventilation of the nurses' station. When these are placed in alcoves, or in the corridors, the ensuing drafts take a heavy toll. The nurses' health is a recognized economic factor in hospital costs, and while the outside position recommended for the nurses' station may seem an extravagant use



PLAN C—DESIRABLE LOCATION FOR NURSES' STATION IN "T"-SHAPED BUILDING

of space, it will undoubtedly tend to reduce the number of days of illness among the nursing staff.

EQUIPMENT OF THE NURSES' STATION

NURSES' station on private patients' corridor. This room should be equipped as follows:

STANDING EQUIPMENT AND FINISH

Combination counter and desk at proper height to permit the nurse to sit down and with unobstructed knee space underneath.

Indicator for silent-call system.

Wall cupboards and drawers for supplies used here.

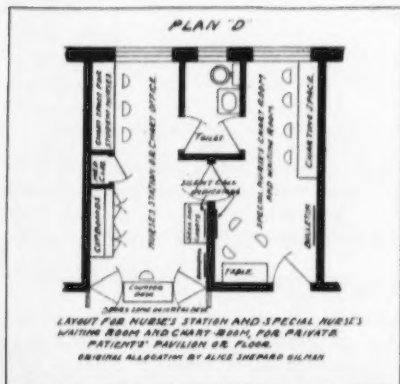
Built-in medicine closet with sink and drain board. (This may be placed in treatment- or service-room, if the nursing staff is sufficiently large to allow for two nurses on each ward or corridor at night.)

Chart rack on wall, unless incorporated in charting desk.

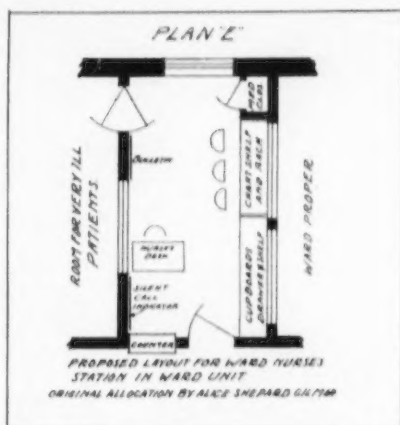
Stationary or drop shelf for student nurses to use for charting.

Bulletin board.

Hand basin (optional).



PLAN D—LAYOUT FOR NURSES' STATION AND SPECIAL NURSES' WAITING-ROOM AND CHART-ROOM, FOR PRIVATE PATIENTS' PAVILION OR FLOOR.



PLAN E—PROPOSED LAYOUT FOR WARD NURSES' STATION IN WARD UNIT

MOVABLE EQUIPMENT

- 1 head nurse's desk, with or without chart rack
- 1 counter chair
- 3 straight chairs for students' use when writing charts
- 1 straight chair for head nurse's desk
- 1 desk telephone on counter
- 1 drop light on counter and nurses' desk.

Note.—The chart- and waiting-room for special nurses should communicate with the nurses' station. (See Plan D.)

Nurses' Station on Ward Unit.—Substantially the same, except for the counter desk. Note the visual controls in the plan presented for this room. (See Plan E.)



The *Journal* as a Christmas Gift
SEND early your order for having the *Journal* sent to a friend for Christmas. A special Christmas announcement will be sent her.



SOME OF THOSE WHO "HAVE CONSPIRED AT CHRISTMAS TIME TO MAKE ALL CHILDHOOD GLAD"

So Sure

BY W. H. MATTHEWS

SHE was so sure, this little girl who came
 Into my room, to tell me all about
 Old Santy Claus, so sure that he would come,
 In some mysterious way on Christmas Eve,
 And from his bulging pack of dolls and toys,
 Leave her fulfillment of her heart's desires
 And to my questions as to how she knew
 Old Nick would find his way up all the stairs,
 Or if, by roof or window he should come,
 How he would know exactly where she lived,
 Her laughing eyes gave answer.

They were sure!

And I just thought how tragic it would be,
 If good old Nick by chance should lose his
 way,
 Or if the many calls that he must make,
 On streets where houses crowd on curb and
 court,
 Should find his pack quite bare before he
 reached
 The two small rooms where my young caller
 lives.

And she, instead of finding glad surprise
 No doll or toys to greet her laughing eyes
 Should find that, after all, it was not true.
 But then such things don't happen—you
 know why!

Old Santy has your name, he counts on you!

And some day she will learn that all these
 years

Her Santy Claus has lived and not grown old,
 Because in children's hearts he first was born.
 That time nor age can have no claim on him,
 Because he is embodiment of love,
 Not seen, but held by faith in things unseen.
 And just so long as love of children lasts,
 Will Santy Claus continue to hold sway
 In childhood's world where dreams and
 fancies play;

And you and I with others will keep faith
 With those who through the ages have
 conspired,
 At Christmas time, to make all childhood
 glad.

A Private Duty Dialogue

By two private duty nurses, going off duty, with pep enough left to argue on the way to their rooms.

No. 1. *A real private duty nurse.*

No. 2. *A nurse doing private duty.*

No. 1. Is your patient better? I haven't seen you except in the dining room.

No. 2. My patient is better, but horrors, I thought last night would never end! Believe me, I am going to quit this private duty nursing with its long hours. I want nursing work that will let me have my night's rest and regular hours.

No. 1. Doesn't an improved patient outweigh the long hours?

No. 2. It might for you, but not for yours truly! You can hear me voting for night rest and regular hours with regular salary.

No. 1. And traveling the road of least resistance?

No. 2. Surely. Why not?

No. 1. No reason at all, if you feel that way. It certainly would be a grand and glorious feeling to know that one's nights would be undisturbed. But tell me, please, who but a private duty nurse would fight for a life when all hope is gone? The hospital authorities and the physician tell the nurse what to do and go their way, knowing that she will stay and carry out orders.

No. 2. What you say is perfectly true, and every private duty nurse knows it, but does any one ever give us credit for anything except causing trouble? Why some of the superintendents treat the private duty nurses like probationers. I am always finding some one who is shocked because I am *only* a private duty nurse. You know I have worked in hospitals and public health work since I graduated, but that was loafing compared to doing private duty nursing.

No. 1. I know exactly what you mean, having heard it so often in my fourteen years of nursing, most of it private duty. Only last October, at the state convention, I was introduced to a nurse who holds an important position which should be occupied by a broad-minded nurse. She asked me what executive position I held. I replied with pride, "I am a private duty nurse." She looked positively shocked but finally rallied enough to say: "I thought you were an executive." Solomon, with all his wisdom, never met problems like the private duty nurse's. So what chance do we have?

No. 2. That's right! Then just look at the people you are compelled to get along with if you do private duty.

No. 1. Don't I know!

No. 2. Patient, physician, often surgeon, assistants, internes, patient's kinfolks, friends of patient and kinfolks, the other private duty nurses, superintendent of hospital, superintendent of nurses, student nurses, and last but not least, the help in hospitals and homes.

No. 1. I've known the list for a long time, but while you were naming them, I couldn't but think that if a private duty nurse makes good with all that crowd, she certainly must have the diplomacy of Brand Whitlock, the humor of Will Rogers, the endurance of Andy Payne, the strategy of Pershing, the tact and silence of Coolidge, the authority of Landis, and the meekness and understanding of Christ.

No. 2. Since we can't be all that, suppose we compromise on Kipling's "If."

No. 1. From the tone of your voice I suspect sarcasm, but I'll "call your hand." Just reread "If" and then check your private duty nurses who are called successful and see what their rating is.

No. 2. Oh well, why can't the private duty nurses organize like the public health nurses?

No. 1. That "why" has not been solved as yet, either by helpful research work, or criticism from our co-workers, nurses, medical profession or the general public. That is a serious question which can't be answered for several years yet. Much time and thought are being given to it, by the nursing profession especially.

No. 2. Well, I'm going to take a course of public health work and teach the public not to get sick.

No. 1. That plan takes in future generations when Utopia has arrived. Until then the private duty nurses must do their best to get the idea over of getting well when Healthville seems a long way off. The private duty nurse must make getting well mean more to the patient than present suffering.

No. 2. You hear so much about public health work. It's enlarging all the time.

No. 1. Granted. But you must remember that the pioneer public health nurse was the pioneer private duty nurse. You look as if you didn't believe that statement.

No. 2. Indeed, my looks are right for once. Of course I don't believe that statement. Will you please remember when public health work started?

No. 1. That's exactly what I am trying to tell you. The public at first had private duty nurses, only, when all other hope was gone, just before the undertaker was needed. Then later, through the influence of the medical

profession, the public reasoned that the nurse would be more help to the patient if she came earlier on the case. Then the public very gradually accepted a private duty nurse in any serious illness, in homes mostly, for hospitals were few and far apart. While in the home, the nurse taught the family how to protect themselves, especially if the disease were infectious, also how to keep the disease from spreading to their neighbors, how to feed small children, and also explained the importance of consulting a doctor early in pregnancy. If you know that you must leave the case before the patient's complete recovery, you always teach some one how to do what is most needed for the comfort of the patient. Now don't you?

No. 2. Yes I do, but we don't talk preventive medicine.

No. 1. Since when do private duty nurses not talk preventive medicine? Do you remember Miss Blank, who went with a surgical case to a ranch two years ago when typhoid had reached an alarming stage in the community? The Public Health Department people were at the end of their rope because they couldn't put the serum idea over. The private duty nurse told the ranch employees that she took the serum every two years; that Uncle Sam required the men of the Army, Navy and Marines to have typhoid serum; she also reminded them that the World War was not a typhoid horror, because people were compelled to take serum. When she came home she had given three doses, each, of serum to twenty-six people. Also she had sold the serum idea to the community, making it easy for the Public Health authorities to complete the work she had started. Yes, of course, the Public Health Department furnished the serum.

No. 2. But that is a very rare case.

No. 1. Not if you had records of the private duty nurse as she is. But each one goes about her business, doing her best, with no records of her work so bravely done. Did you ever listen to some of the older private duty nurses in this state talking together?

No. 2. No, but I like the idea of public health work because it is so well organized.

No. 1. Right again. But organized or not, we private duty nurses have a very necessary place to fill. Who goes to the country, to tenements, "near" houses, tents and shacks, and stays there, but the private duty nurse? The other organizations and the doctor make *visits* but the private duty nurse stays, often twenty-four hours a day.

No. 2. But how can that class of people afford a nurse? I don't believe they can.

No. 1. Imagine a private duty nurse saying that! I have been in places (I won't call them houses) where some one else paid the bill, a brother or some kin. Again, it is a Woman's Club or the American Legion, and twice the neighbors paid me. Between cases I have gone to places where I knew I never would get any pay, but I was able to show them what a visiting nurse would do when she came to the neighborhood. I didn't intend to be personal; I just want to tell you that all private duty nursing isn't done in hospitals by any means, as you'll find out if you stay in private duty work. You know that a good nurse can nurse anywhere. Now will you give up criticizing private duty?

No. 2. No, I won't, because I have seen the attitude of so many people, "If you can't do anything else in the nursing profession, then do private duty."

No. 1. My dear, that should be:

"If you *can* do anything else in the nursing profession, don't do private duty nursing. And that is because it is the most severe test any nurse can undergo. You absolutely make good or bad by your own self, with no pull or boost. I don't wonder we have failures, but I often marvel over the high percentage that make good, especially since some superintendents of nurses are making their personal likes and dislikes professional. The attitude you mentioned must have begun with the egotism of some nurse who wasn't sure of her own qualifications; then it was taken up and passed along, as unpleasant things are. The private duty nurse was too busy attending to her own business to start a counter-irritant. I know the right kind of superintendents don't have such a one-sided idea about private duty. But some superintendents, in their haste to get more nurses, let some students get by who never could be good nurses, but they become registered nurses. Being registered, they try hospitals and fail; try public health, and fail; then naturally they turn to private duty where there is no one to say they can't do it or to fire them when they fail. Of course they do fail, and the private duty division gets the blame for a poor nurse, when it really should go to the superintendent who graduated her. You know there are superintendents who will graduate a nurse and then refuse to call her for cases in her own hospital. What chance has such a graduate to make good? Absolutely none. She's a failure before she starts.

No. 2. Then you advise me to go on doing private duty?

No. 1. It would clear up a lot of misunderstanding if nurses would remember that we are first of all nurses, and not a division. Naturally we are divided and some in each

division remind me of the saying: "Every one is queer but me and thee, and sometimes I think thee is a bit queer." Go on and do private duty if you can get "a kick" out of your work, or do hospital or public health work. Do whatever you enjoy doing and you won't look so down on the world. It isn't the work but the way you feel about it that takes the pep out of you. Don't do private duty if *all* you can see in it is the long night. A real nurse forgets the long night and sees her patient is better and nearer going home to those who are anxious about him.

No. 2. But how can a private duty nurse get a chance to learn anything new?

No. 1. She can learn it just as soon as anyone else learns it. When you graduated you were just ready to start learning. Doctors and surgeons are all taking postgraduate work. Why don't you look and listen and ask questions when you see something you don't understand? And the magazines and books are kept up to the very minute in new things. But if you possibly can, take some postgraduate work and get a diploma to prove you have advanced that much more. Most of us work for more than one doctor and each has his own favorite way of doing things. You certainly see a variety of illnesses doing private duty and you can learn on every case if you want to.

No. 2. Of course a private duty nurse's life is more free.

No. 1. Listen to her, raving of freedom! I never had any when I was on duty. And you know you are a telephone slave when off duty. Do you ever leave the house unless you tell where you are going or check off the registry entirely?

No. 2. No, I don't. And private duty nurses don't make an over-supply of money either, and there is no advancement or promotion; a telephone slave; not organized. Tell me, what are private duty nurses anyway?

No. 1. Since we don't work for big money or for promotion, we must be true followers of Florence Nightingale, being satisfied with work well done and knowing we are giving service to humanity. It satisfies *me*!



Coffees

THE Chemical Laboratory of the American Medical Association has made an examination of "decaffeinated" coffees, a report of which appears in the *Journal of the American Medical Association* for September 22, 1928. The conclusion of the report reads as follows:

"1. Specimens of Kaffee Hag and Sanka, purchased on the open market in December, 1927, yielded caffeine in considerable amounts. It appears probable that Kaffee Hag and Sanka can strictly maintain the claims of 97 per cent caffeine removal, and from a practical standpoint, such a high figure is not necessary.

"2. The amount of caffeine removal in current market specimens, according to the recent analysis submitted by the respective firms, does approximate well over 90 per cent, if it is assumed that 1.2 per cent of caffeine by weight or 1.1 per cent based on nitrogen determination, was originally present.

"3. The statements that 97 per cent of caffeine is removed in the case of Kaffee Hag and Sanka Coffee, and that 90 per cent of caffeine is removed in the case of Blanke's Refined Health Coffee, are essentially meaningless unless the amount of caffeine originally present is declared on the label.

"4. Routine checking of each batch of material prepared is desirable to assure the minimum caffeine content claimed. The Kaffee Hag and the Sanka corporations have arranged for such analyses.

"Blanke's Refined Health Coffee still contains a relatively large amount of caffeine, notwithstanding the claim that 90 per cent of caffeine has been removed."

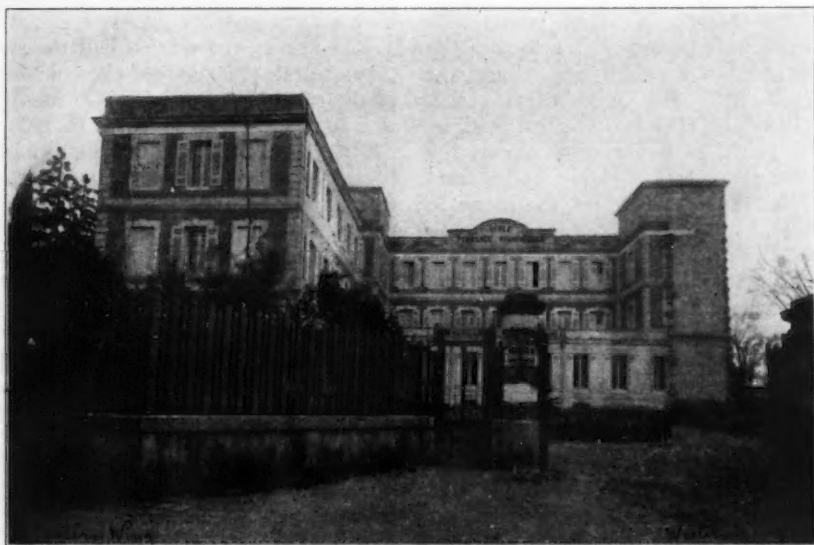
A Gift Is To Be Completed

By VIRGINIA MCCORMICK

THERE was a tea party in progress on the broad lawns of Bagatelle. The beautiful estate in Talence, a suburb of the French city of Bordeaux, had known no such festivity since before the dark days of the war. Tables under the trees and on the gentle slope leading to the ancient manor house were filled with guests.

groups, the nurses formed in line. Together they comprised three sides of a square, a guard of honor for the coming ceremonies.

The speakers formed the fourth side of the rectangle, among them Admiral Magruder, Naval Attaché at the American Embassy in Paris, who presided; M. Cruse, President of the



ECOLE FLORENCE NIGHTINGALE

A band was playing, and passing among the tables were young women in nurses' uniform offering cool drinks, cakes and sandwiches.

Soon after 4 o'clock, the guests left their tables and assembled at an open space where were being laid the foundations of a building. The band, that of the 144th Regiment, 5th Infanterie, took its place at one side. Across from the musicians there were American officers and sailors from "U. S. S. Childs," 241. Between the two

Board of Directors of the Bordeaux Hospital; the American Consul; Helen Scott Hay, Chief Nurse in France of the American Red Cross.

At the Admiral's right, sat one of the happiest women in France, Dr. Anna Hamilton, who that day observed her twentieth anniversary as Superintendent of the Bordeaux hospital and who was able to mark that milestone in her life by seeing one of her great dreams come true.

It was the 5th of June, 1921, and the

occasion was the laying of the foundation stone of the Florence Nightingale School of Nursing. There were speeches, following which Miss Hay read a message from Clara D. Noyes, Chairman of the Advisory Committee, American Nurses' Memorial. This message described the gift of the school by the nurses of the United States who thus commemorated the 296 American nurses who gave their lives in the war, more than a hundred of whom lay buried in France.

The names of those nearly 300 nurses were placed, with a copy of the statutes, in a sealed box which was fitted into the foundation stone. When Miss Hay had finished reading, the guard of honor drew closer, the 1,200 spectators pushed forward, and Miss Hay carefully set the stone in place.

As she moved the stone into position, a thin black snake darted from beneath it and scuttled through the grass to safety. There was a murmur from the crowd, exclamations and gestures from those who had seen the incident. The Americans present smiled a bit to themselves, in American fashion, that the guests could have been distracted from the impressive ceremonies by so trivial an occurrence.

But to some French present, the accident was not trivial. After the ceremonies, Dr. Hamilton explained. There is a tradition in France, dating probably from the time of the Saracens, which gives the snake an important rôle in the ceremony of the laying of a foundation stone. As the stone is being set in position, a snake is placed beneath it. If the snake glides away in time, then the building will be a success and success will attend those who dwell therein, but if it is crushed beneath the stone, evil fortune is imminent and the building is foredoomed to failure. One is no longer

superstitious in these modern times—*ça va sans dire*—but what a coincidence! And what good fortune that the snake should have made his escape. Now the nursing school surely will succeed.

Time passed and the building of the Bordeaux School progressed, but not swiftly. Labor was hard to procure in war-riddled France. Transportation of building materials was slow. Soon it was evident that the school building would be much more costly than had been anticipated.

The nurses of America had undertaken to raise \$50,000 for the erection of the school. About \$51,000 finally was sent the trustees, early in 1921. On the basis of this amount, plans had been selected which called for a central building and two wings, but before the construction work was finished, it was clear there would be insufficient funds to complete the school in accordance with the accepted plans. It was determined finally to complete the central building and one wing which would allow sufficient room to house the staff of nurses and the students of the school then required for the old hospital.

On May 12, 1922, the 102nd anniversary of the birth of Florence Nightingale, the school of nursing bearing her name at Bordeaux, France, was dedicated with appropriate ceremony. Sophie C. Nelson represented the American nurses, as did Evelyn T. Walker, who was stationed at Bordeaux during the war and who had been intimately associated with plans for the school from the time they were an intangible hope in the mind of Dr. Hamilton.

As the climax and conclusion of the dedication ceremonies, Miss Nelson was presented with a gold key with which she unlocked the door of the school. She then stepped aside for

Dr. Hamilton to enter, but the doctor motioned Miss Nelson and Miss Walker to precede her, so that the first persons in the completed building might be the Americans representing those who had made it possible. The key which thus literally opened the school, together with a medal commemorating the occasion, have been mounted on velvet and hang on the wall of Headquarters of the American Nurses' Association in New York City.

Modern facilities in the new school building include single bedrooms, instead of the then customary dormitories. In each room there is running water and, with a delightful gesture, instead of numbers each room is marked with the name of a flower. Ample baths, a large assembly hall, a technical and fiction library, lecture hall and demonstration room are included in the building which houses the first modern school of nursing in France.

On either side of the wide mantelpiece in the salon are inscriptions, the same dedication—in French on one side, in English on the other. It reads:

To the Florence Nightingale School in memory of our comrades who died in service in the Great World War, we, the nurses of America dedicated this Memorial to the higher education of nurses.

But though the building is perhaps the most valuable and significant memorial possible on the part of the American nurses, and though it is fulfilling in every way the purposes for which it was designed, it has been, in the minds of many, an uncompleted gift.

An ever-constant reminder of this fact is the asymmetrical appearance of the school. On the left side a wide wing projects from the front of the central building, its windows facing in three directions to overlook the woods and gardens. But on the right side of

the main building there is no projection, only a wall of bare, blank bricks to give an unfinished appearance to the whole structure and a lack of balance to a building designed originally for simplicity and dignity of line.

The appearance, however, would not matter to a very grateful school. The problem created by the lack of the right wing is the problem of sufficient space for the housing of the nurses. Already there are scarcely enough bedrooms for the student and graduate nurses connected with the hospital. But soon the hospital will move from its old buildings in Bordeaux to the new hospital being built at Bagatelle. With the increase in the nursing staff necessitated by the larger buildings, the Florence Nightingale School building will not be large enough to accommodate the nurses—or rather, let us say, would not have been sufficiently large. For this problem now belongs to the past.

The right wing of the school is to be built, thus actually completing the memorial building. The House of Delegates of the American Nurses' Association, meeting last June in Louisville, voted that \$25,000 should be raised for this purpose. The campaign for this fund opened November 1. Its official termination will be immediately prior to the Congress of the International Council of Nurses in Montreal, next July, at which time it is hoped this gift of the American nurses can be presented to a representative of the Bordeaux School.

Recognition will be paid at that time to the State Association, the District Association, and the Alumnae Association, making proportionately the greatest gift to the school. The campaign is being conducted through the state associations which will forward each month to A. N. A. Headquarters, the amount collected during

that period. A record of these gifts will appear monthly in the *Journal*.

The Florence Nightingale School of Nursing at Bordeaux is dear to the heart of every American nurse, not only because of her part in the erection of the building, but because the school stands for those principles of nursing education and practice which are her professional standards.

When, in 1901, Dr. Anna Hamilton became resident medical chief and director of the nursing school of *la Maison de Santé* of Bordeaux, the wards were in charge of rough men and young untutored girls. No provision was made for their housing or education.

Nursing in the Europe of that day was regarded as menial labor. During the years when she was studying for her medical degree in the hospitals of Marseilles and Montpellier, Dr. Hamilton was impressed with the unnecessary suffering caused by ignorant nursing and by the callousness of the nurses. Immediately after her accession to the superintendency of the hospital, she introduced the educational principles of Florence Nightingale, with a qualified nurse director in charge. Now her pupils are from the best French families, and graduates are sought eagerly by military as well as civil hospitals.

A visiting-nurse service is a feature of the school. With the coöperation of the American Red Cross, a fund for a children's ward was established and six scholarships for the training of student nurses without means. The Rockefeller Foundation has assisted also in similar developments. But until the memorial fund was available, the Florence Nightingale School worked under the handicap of no school building and a minimum of facilities.

The Bordeaux hospital is an important one in France. Approximately sixty-five years old, it was built with special reference to the provision of a free hospital service for foreign officers and sea-faring men, as well as for the citizens of Bordeaux whom it serves regardless of creed. Its service is far-reaching, in that it renders free treatment annually to the sailors of a dozen countries.

Now, at last, the school of nursing is to be entirely completed! That in France there is a school in which the principles of Florence Nightingale are maintained, is due to the genius of one woman who has quietly given her whole life to the work, Dr. Anna Hamilton. That the school is adequately housed and equipped with most modern facilities, is a tribute to the American nurses who have unostentatiously erected this lasting memorial to some heroic ones of their brave sisterhood and who now have assumed the task of completing the building.

But when the new wing is built and is opened with all due ceremony, some spectators will not think first of Dr. Hamilton—Mademoiselle as she is everywhere called. Later, certainly, but not first of all. Nor will they speak first of the American nurses and their so-generous gift. That, too, will be discussed happily and with true Gallic volubility in course of time. But Madame, as she pushes her ample self to the front of the little crowd gathered to witness the dedication of the new wing, will turn to Monsieur the Notary, her husband, and say:

Do you recall to mind, Paul, it is now eight years ago, how the snake ran from beneath the foundation stone and how I told you then this nursing school would be a success? *Eh, bien*, you see. And how grand a success!

The Nurses' Relief Problem

BY VIRGINIA MCCORMICK

ELLEN HARRIS was quite unwell. She was tired much of the time and she coughed a good deal. In the intervals off duty she was too fatigued to think much about herself and it never occurred to her to stop, or to consult a physician who might insist that she stop. She had been graduated from training school but three years before, and in those three years she had built a place for herself among the private duty nurses of her community. To stop now would be to lose all she had gained.

The time came, however, when Ellen had to give up her work, when an examination was imperative. The doctor was prompt and positive in his diagnosis of tuberculosis.

Ellen had no family to whom to turn in her emergency. But everyone was kind. When her alumnae found that she had no savings or insurance, they arranged for her to have state care and they themselves contributed the ten or fifteen dollars a month needed for "extras." But they could not do even this indefinitely, so they applied to the Relief Fund of the American Nurses' Association for aid in the case of Ellen Harris, 26 years old, four years out of training. In due course, Ellen began receiving the monthly benefit of \$10 which she welcomed thankfully, but with a bit of embarrassment as she recalled that during those three years while she was working she had contributed but three dollars toward the relief of the sick or aged in her profession.

Diametrically different is the case of Miss Lydia. Graduates of the past decade would call Miss Lydia an old-timer. Certainly she began her work when there were very few nurses to

call on and very few conveniences to make easier the private duty case.

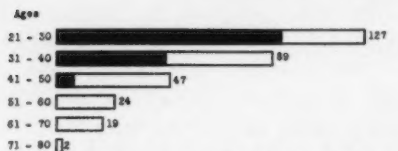
Miss Lydia was in private duty work for more than 35 years. But her real work only began there. Through all those years she served her profession as well as the public. Active in the work of her alumnae and state association, she was among those who brought about the nurse practice law, who built up the organization, who for years gave to the Relief Fund and helped in its state administration.

Now Miss Lydia has become a Relief Fund beneficiary. An operation was found necessary not long ago and Miss Lydia called on the fund to which she had given and for which she had worked, to help her in her difficult time. Miss Lydia, of course, received the maximum aid—but that is only \$10 a month more than the minimum benefit given young Ellen Harris who contributed little in time and service to the fund which is helping her and whose personal contribution to the profession was, of necessity, the frailest.

Neither Miss Lydia or young Nurse Ellen are actual cases. They are something more significant. They are composites of types being cared for by the Relief Fund today. And they typify the problems of administration facing the Relief Fund.

The requirements of the American Nurses' Association for eligibility to the fund are so generous that practically every registered nurse, old or young, contributing or non-contributing, active or inactive in nursing, is eligible, so long as dues paid for the current year make her a member of the A. N. A.

Resulting primarily from this lack



Nurses belonging to each age group who have benefited from the fund. Black portion shows those who have tuberculosis. (98 nurses of the 21-30 group have tuberculosis; 45 of the 31-40 group; and 7 of the 41-50 group)

DIAGRAM I

of definition and restriction of benefit, the Relief Fund has been faced during the past two years with an increase in the number of beneficiaries to the fund, completely out of proportion to its income and also to the growth of membership in the American Nurses' Association.

Slightly more than one-half (53.39 per cent) of the entire number of nurses now carried by the Relief Fund are 35 years of age or younger—the Ellen Harrises of the profession. In one-half the cases now receiving benefits there has been a period of less than five years between the time of the nurse's graduation from training school and in nearly one-fourth the cases there has been less than two years.

Tuberculosis is the greatest health problem. Of the entire group of Relief Fund beneficiaries, at present, almost one-half had a diagnosis of tuberculosis and of this number, one-fourth were 35 years of age or younger. In other words, but slightly under one-half the active cases on the Relief Fund are tuberculosis cases under the age of 35 years. (See Diagram I.)

These facts were brought out in a preliminary study of the Relief Fund which has been made at A. N. A. Headquarters. This study revealed that the outstanding problems of the fund are three: (1) administration of the fund, especially regarding eligibility requirements; (2) tuberculosis, the outstanding cause of disability, so

serious that it demands the attention of the whole profession; (3) finance. Relief Fund expenditures, due to increase in the number of beneficiaries, are increasing so rapidly that the committee is warned by experts that it is facing financial disaster.

The increase in demands on the fund during the past three years have been entirely disproportionate to the increase in donations to the fund. Although the number of applicants doubled between 1920 and 1923, the yearly receipts (income plus contributions) also doubled. (See Diagram II.) But in 1927 the number of applicants was four times the number in 1923, and the yearly receipts were far from being twice as large.

Consequently, in 1927, the Relief Fund showed an unexpended balance of only about \$5,900 at the end of the year instead of the \$17,500 total unexpended balance of 1923. This means that only a small sum could be added to the principal of the fund and that if a much larger drain were put upon the fund it would be necessary to draw on the fund's principal.

This would be dangerous financial heresy. In the reserve fund or principal is the Relief Fund's guarantee of solvency. It is the capital with which the fund does business and the Relief Fund would be no more justified in using its capital for current expenses than any other business house would be.

In 1927 the Relief Fund received:

From contributions	\$31,617.57
From investments	5,233.64
From interest on bank balance and sale of reprints	544.47

\$37,395.68

In 1927 the Relief Fund spent 29,634.56

Balance \$7,761.12

An average of 175 beneficiaries were carried each month, the average benefit being \$15 a month. Each

beneficiary is carried about a year, making an average individual expenditure of \$180. This amount, small indeed to the individual in need, when multiplied by the number of beneficiaries already on the list, plus those who, under the law of averages, will be added to the fund, demands an assured income considerably beyond that at the disposal of the fund.

Experience in social work and other philanthropic efforts bears out the tenet that the giving of relief carries with it the obligation to see that the money serves its intended purpose. A person needing financial relief frequently needs other forms of assistance without which the financial help may do little good and may do even considerable harm.

Here, then, is another problem of the national Relief Fund Committee. How can it, charged with the administration of the fund, get enough intimate information concerning each beneficiary to plan wisely for her over a long period of time? How can the committee, with Headquarters in New York, tell what is best for Ellen Harris of Minnesota or Miss Lydia of Maine? Long-distance administration of relief is not advocated by experts in relief administration. On the contrary, they say it is impossible to administer relief well on a long-distance basis. At present the national committee depends on the local alumnae and district chairmen to furnish the necessary information. These local women, however, are volunteer workers and must carry on this work in their spare moments. It is no reflection on local chairmen if the results are not entirely satisfactory. The questions asked, necessarily, by the national committee, are difficult to answer even for the experienced social workers who may be in direct contact with their applicants. Yet this in-

adequacy would seem to weaken the effective administration of the fund.

These findings lead directly to another consideration. The American Nurses' Association is asking itself what the responsibility of a national professional organization should be

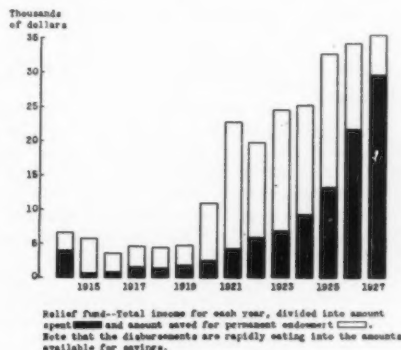


DIAGRAM II

for providing for its members in ill health and old age. Should the national association provide for the nurse or aid her in providing for herself? Should Miss Lydia now be receiving aid from the fund to which she has given spontaneously, but unmethodically, or should she be drawing benefit from an insurance investment met at regular intervals by her through the years of her active service?

Other national groups of workers do not provide relief for their members. But a number of these—ministers, school teachers, industrial organizations—help the individual member to help himself through pensions and insurance. Insurance has been studied in the American Nurses' Association for several years and the Insurance Committee of which Marguerite Wales, R.N., is chairman, is now actively engaged in studying the theory and methods of group insurance.

Meantime the Relief Fund Committee is facing its immediate problems. The American Nurses' Association will continue, of course, to give aid to the nurses already being carried and to plan for those who will need help in the near future. But, that this aid may be most wisely and effectively administered, the members of the Relief Fund Committee are earnestly considering the following questions:

Who shall be eligible? Shall a nurse be required to belong to the organization for at least a year before she may apply for relief? Shall she be required to be in active nursing for at least two consecutive years prior to the onset of disability? Shall she have been a contributor to the Relief Fund?

Shall the period of benefit be limited? To six months in any given year? To six months a year for not more than three years? To a continuous period not over 18 months?

What shall be the purpose of the fund? To give temporary aid for a specific time to sick nurses in financial difficulty? To give long-time aid for an indefinite period? To give pensions to older nurses, disabled after long years of service?

What shall be the financial policy of the National Relief Fund Committee? Shall it budget its annual income, limiting the allowance and investing a specific percentage for future demands? Shall it proceed to spend the income, reserving, however, the capital, until such time as the final use of the capital fund is determined?

What shall be the responsibility of local associations recommending the nurse for an allowance? Shall complete and carefully verified information from the local association be insisted upon before considering the application? Shall a more continuous observation and supervision of the beneficiary by the local association be asked? Shall local Relief Fund chairmen be chosen from those nurses who have had social case work training or experience? Shall the national committee recommend to the local associations that the local expenses incident to the administration of the fund be borne by the local associations?

Shall the national committee employ a worker with professional experience to aid in administering the fund? Such a worker could

help the committee in securing adequate data, in formulating a plan for each beneficiary, in carrying out the recommendations and, in general, supervising the progress of each beneficiary.

The national Relief Fund Committee has issued a letter to local committees, incorporating these and similar questions, which will tend to define the policies of administering relief to nurses through their national organization. But while thus searching for the adjustment of its immediate difficult problems, the American Nurses' Association, through its national Relief Fund Committee, places this question before every registered nurse:

Which is better for us to have, *relief* meted to us in the event of financial difficulty in old age or in the emergency of sickness, or *insurance* in which we can invest to build for ourselves a source of income for the future?



Now the Artichoke!

"NOW comes the information that Jerusalem artichokes are particularly serviceable in diabetes. From reliable sources it has been reported that Jerusalem artichokes furnish carbohydrates that can be absorbed and utilized by a patient with diabetes mellitus. This, of course, is important news for people suffering from such trouble. It has been found, in the case of a patient who had been sugar-free for some time on a diet in which artichokes furnished a great portion of the carbohydrates, that the substitution of an equivalent amount of carbohydrates in baked potatoes on one day was accompanied by an increased excretion of urinary nitrogen, the prompt appearance of sugar in the urine, a rise in the blood sugar and an increase in the heat production. This is a simple fact of experience, but no satisfactory explanation can at present be offered for it. Artichokes, therefore, enter the line of distinguished foods such as liver, oranges and tomatoes, that are of peculiar service to humanity." From "How To Live," published by the Life Extension Institute, September, 1928.

The Big Holiday

By ELIZABETH M. FOCHT, R.N.

IT was the 23rd of December. The clock in the dining-room struck nine in long sonorous clangs. No stars, no moon, no gleaming snow lighted the out-of-doors; a black, cold night. But nothing daunted Lisette. She buttoned her coat high, zipped her arctics together, pulled on a pair of woolen gloves, squashed her hat down a little tighter, stuffed some last-minute article into her suitcase and, rousing a large black cat from slumber on a cushioned chair, crammed him headlong into a specially constructed satchel.

Mrs. Fonde looked on with disapproving eyes. "It's dark as misery," she observed, not for the first time, "and you just off a case. You ought to go to bed instead of jogging off to that old, big, dark, damp, cold, lonely, empty house. It just gives me the creeps. Eleven o'clock it will be before you even—"

"Sh," whispered Lisette, "don't tell, but I was up at eleven once before," and she grabbed the collar of a large excited pup, somewhat resembling a calf, as he gyrated around the table, and after several trials fastened a chain leash in his harness.

Mrs. Fonde began again: "But that cold, damp, dark—"

Here, immediately following a rap, the door opened and a neighbor slipped in quickly, out of the cold.

"Well, look who's traveling," she exclaimed, "at this hour of the night. My land sakes—"

"That's what I say," cried Mrs. Fonde, "and what I've been saying and saying, but what good does it do? Eleven o'clock, not a soul to meet her, and that big, old, damp, cold—"

"Oh, it won't be that way very

long," broke in Lisette, "and as for being lonely, why, I won't have time. Besides, I'm expecting company."

"You are?" said Mrs. Fonde; "you didn't tell me that. Who's coming?"

"Oh, some folks," replied Lisette.

A commotion at the door announced the taxi. In spite of the suitcase, the cat satchel, a portable typewriter, two packages, and the dog and chain, now wound in confusion around her legs, Lisette managed to present Mrs. Fonde with a gaily wrapped parcel which she produced from somewhere. She submitted to such embraces as were possible in her crowded condition and tumbled with her impedimenta into the churning taxi.

"Nothing I said mattered," wailed Mrs. Fonde. "I couldn't do a thing with her. There she goes into that cold, damp, dark—"

The taxi moved off. The front door closed on Mrs. Fonde.

The big old house was warm and light and clean. It glowed with Christmas decorations. The furnace licked his chops over every shovelful of food, and the sunlight of a winter afternoon poured into the kitchen where Lisette hurried about. She had spent Christmas Eve and part of Christmas Day with her uncle, but had returned to the old house in spite of his protests.

"What I say is of no account," he grumbled. "All right, there you go into that dark, cold, empty, old—"

"But I'm expecting company," Lisette headed him off.

"You are? Why, whom?"

"Oh," replied Lisette evasively, "some folks."

And now they should come, any moment. There! The honk of a car,

joyous shrieks, a stampede across the porch, a thumping at the door, stormy figures flying down the hall, and Jill with her friend Drusilla fell upon Lisette.

"Oh, Lisette! Here we are! What will we do first? Won't we have fun! Did you trim your tree? May we crack nuts?"

They jumped up and down and ran around the table. The dog joined in, yelping at their heels, with a sharp eye out for shoestrings. The cat scooted under the sideboard.

They trimmed the tree first, trimmed it generously and magnificently. It sagged with trimming and had to be braced. Still more went on, until there was nowhere to hang another thing.

"Do you suppose," wondered Drusilla, "that it knows it's trimmed?"

"If it doesn't know that," said Jill, "it has no feeling at all about *anything*."

Tied up in voluminous aprons they made ginger-snaps, rolled and cut and messed and mused—flour in their hair, on their noses, dabs on their shoes, scrapings on the floor. And such designs as never were seen on land or sea, thick and thin, too hard, too soft, shaped and shapeless, burned a little and baked not enough. But fun! Delirious sighs!

"Do you want to know what kind of a time we're having?" they asked of Lisette, "a wonderful, gorgeous, ring-tail, snorting time, that's what," and they slammed their cutters down upon the battered dough.

And in the evening, games and plans for tomorrow! "Well," said Lisette, "if it storms, we'll get things out of the attic and dress up and have a party." Much jumping up and down. "And if it's clear, we'll take Jill's outdoor kit and eat somewhere out-of-doors."

"Bacon and eggs!" screamed Jill, bouncing in her chair.

"And ginger-snaps!" shouted Drusilla.

"And peanuts!"

In the dark stillness of the winter night, the doorbell rang. It was a loud, emphatic old doorbell. The children never heard a thing, but Lisette in a daze arose, not knowing just why. As she worried herself into her bathrobe she remembered where she was. So it couldn't be a patient, since she had none. Then what? Suddenly something registered. The doorbell, it was the doorbell! All her relatives passed in a conglomerate mob before her mental vision. They had been murdered? Drowned? *Operated on*? Of course—appendectomies, gastro-enterostomies, cholecys—! Before she had traveled the length of the hall the bell rang again; its outcry woke echoes in the house. Lisette entered the "spare room," tugged at a window and poked her head out in the cold. She still had her relatives wandering in the back of her mind; the big idea now was, which relative?

"Lisette," called a low voice from beneath, "it's I, Albert Thorne. Come over right away, will you? We're having a baby pretty soon over there."

"My goodness!" exclaimed Lisette as her relatives slowly faded on her view, "I would, but how can I? I've two little girls here with me. I can't leave them alone."

"The dog's there, isn't he?"

"Down in the cellar, but he can't bite anyone down there. I don't dare let him up, he'd just about chew—. Suppose the children wake up and find me gone? They're not mine, you know; I'm responsible to their parents.

"You just come over and I'll keep an eye on the house. I don't know what we'll do if you don't."

"All right," said Lisette, "I'll come as soon as I can."

She got into some clothes and, after pinning a note on the foot of her bed, slipped noiselessly down the stairs and out of the house.

Soon after she reached the Thornes', a baby girl arrived, fat and pretty, with a crown of black hair. It took some time until things were straightened out and baby clothes unearthed and various makeshifts supplied, as the baby's mother had expected to go to the hospital in a neighboring town. And now they knew of no one who could help them out; every nurse was busy.

"You'll stay, Lisette, for a while anyway, won't you?" asked Mr. Thorne with a worried air.

"Why, I don't know," said Lisette; "there are the children, they'll be so disappointed."

"I declare I don't know what to do. You better stay."

And when she entered the mother's room she too began, "You'll stay with me, Lisette, and give us a good start, won't you?" She lay pale against her pillow.

"Why, I don't know," Lisette replied; "I'll have to send the children home if I do that, and I hadn't counted on working now."

"The children can come again. You better stay, Lisette."

Mr. Thorne reported a light in the house, so Lisette dropped everything and ran over. There they were in the study, the two of them, dressed and combed, calmly weaving raffia baskets!

"See!" Jill offered her work for inspection. "Oh, yes," she added, "we found your note."

"Do you know that it's only a quarter of six?" Lisette informed them.

"Well," said Drusilla, "that's all right; we planned to get up early.

This day is going to be so cram full." She sighed happily and decided on blue for the next round.

Lisette sat down.

"How is the baby?" Jill inquired solicitously. "I didn't know the Thornes had one."

"That's just it," answered Lisette. "It's a brand-new one and must be taken care of, and there's no one to do it. They'd like to have me stay."

Their weaving was suspended. "Stay! Now! Why, how can you?"

"Well, I couldn't look after you if I did," said Lisette; "the cat and dog and fires would be enough to tend to. I suppose I would have to telephone Jill's mother and ask her to come after you."

"Go home!" their voices rose in consternation.

"But, you see," Lisette spoke gently, "this is a Christmas baby and there's no one to look after it."

"I don't care," cried Drusilla. "I'd like to know why people go hunting up babies in the middle of the night. When I have some I won't be bothering around at night, I tell you."

"But," argued Jill, "if you want a baby you had better take it when you have the chance, or maybe someone else will get it."

But Drusilla looked unconvinced.

Said Lisette, "What's all this Christmas-time about? Why, you know very well, a Baby in a Manger. Of course, I can tell the Thornes that I can't come; I don't *have* to go. But will you feel quite happy if I don't? This would be just the time to do something for a baby. But I must go back now. I'll be over later and get your breakfast, and we can think of what to do."

But there was no need for further thinking, for when she returned two suitcases stood in the hall, with coats and hats hanging near and four arctics

ranged in a row. Breakfast was merry and lively, considering the blow that had fallen upon them, and plans were laid for Easter, when Lisette thought she might be home again.

And when the car came to take them home, the children ran over to the Thornes' for a last good-bye.

"We made the beds and washed the dishes and scrubbed the kitchen floor," Jill announced proudly.

"Oh," cried Drusilla, "we weren't going to tell. Why did you?"

"Why, she's got so much on her mind," explained Jill, "I was afraid she might not notice."

"Don't forget Easter," Drusilla reminded her, "and if you know about anybody wanting a baby then, or if you hear about anybody ordering one, you just tell them to put it off until later, won't you, Lisette?"

Those 20,000 R.N.'s

Are They Choosing Wisely?

DURING the year 1928 something like twenty thousand new graduates have entered nursing. If this year's class follows in the footsteps of its predecessors, about 13,800 of the newly-made nurses have started in the field of private duty, about 1,400 went directly into public health, and about 4,800 into institutional nursing. When the superintendent of nurses looks over her Senior class in the weeks just preceding graduation, she usually chooses two or three to keep on in the hospital next year as head nurses. Perhaps one or two others have had special educational opportunities so that she is able to recommend them for public health nursing; but in the typical school, by far the commonest advice will be: "Try a few years of private duty first."

The typical picture, then, of nurses who have been graduated less than a year, shows about 7 per cent holding public health positions, 24 per cent holding institutional positions, and all the others—69 per cent—in the free-lance field of private duty. The next question is: How long will this distribution hold?

It is difficult to predict what the future may bring, because conditions are changing in nursing. About half of those 20,000 new graduates *never finished high school*. Standards in public health and institutional nursing are rapidly rising, and uneducated nurses find it increasingly hard to get a foothold. It may be that in the future we shall find larger per cents staying year after year in private duty not because they want to, but because they have to, thus bringing about a condition which would be exceedingly unfair to the true high-type private duty nurse.

At the present time, however, the picture is about what is shown in the diagram which accompanies this article. As nurses grow older they are less apt to be found in private duty, and more apt to be found in public health. The proportion in institutional nursing remains almost level.

The diagram raises more questions than it answers. For example: For every "years out" group, there are more nurses in private duty than in public health or in institutional nursing. Should there be? Is private

duty the most important activity for nurses, and does this distribution represent the response of the profession to the public need? Or does it perhaps merely indicate that there are more nurses than can be regularly employed and that all of those for whom there is no room elsewhere fill in the time by going on call for special cases?

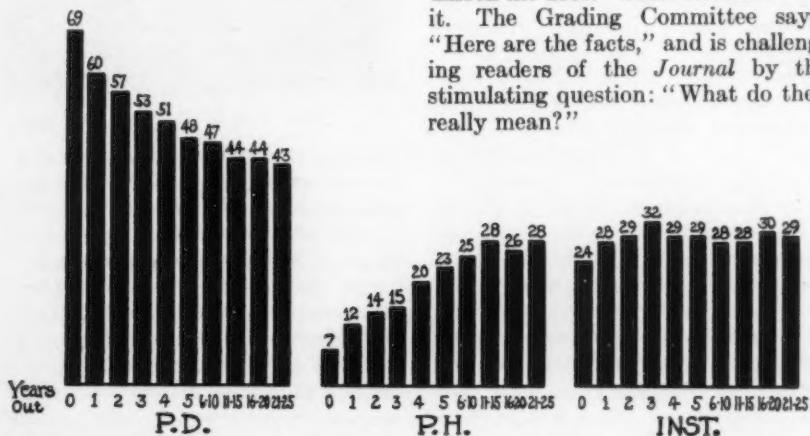
Is youth an asset in private duty and age a handicap? Or is the downward slant due to the rapid growth in numbers of younger nurses? Or is it because nurses are more apt to find positions in the other fields as they become more mature?

Is maturity an asset sought by public health organizations or do the ascending columns indicate rather the tendency of younger nurses to prefer private duty, leaving public health to older nurses?

Does the level picture in institutional nursing mean that the number of positions remains about the same, with just as many dropping out as coming in? Or that new positions are as apt to call for older nurses as for younger ones? Is maturity less of an asset in institutional nursing than in public health?

Finally, what do the three pictures suggest as to the professional interests of the three groups? For those 20,000 young graduates just coming in this year, where will there be the most stimulating contacts? In private duty, which mature nurses are leaving? In public health, which mature nurses are entering? Or in institutional nursing, where there seems to be no tendency either way?

One could go on. A simple diagram like this furnishes the key to many a problem, but it does not automatically unlock the door. Some one has to use it. The Grading Committee says: "Here are the facts," and is challenging readers of the *Journal* by the stimulating question: "What do they really mean?"



Per cent of nurses out of training school less than 1 year, 1, 2, 3 years, etc., who are now in private duty, public health and institutional nursing.

Who's Who in the Nursing World

PROBABLY only those who have actually visited the home offices of the Metropolitan Life Insurance Company, with its thousands of employees, can appreciate the scope of the task of the House Mother, a position which Mrs. Brockway has held with distinction for almost ten years. Educated in private schools and at Peabody Institute (music), Baltimore, she was the first probationer and the first graduate of the Johns Hopkins School of Nursing. Marriage with Dr. Brockway followed swiftly thereafter, and one of the daughters of this union has entered the nursing profession, through her mother's Alma Mater; the other, having graduated from Barnard, is now teaching.

Reëntering the professional field after Dr. Brockway's death, Mrs. Brockway became successively a social service worker for the American Museum of Natural History, Executive Secretary of the Stony Wold Sanitarium (tuberculosis), Director of Vacation Lodgings. She was Chief Nurse of U. S. A. Debarkation Hospital No. 3, 1918-1919. Since that time she has been with the Metropolitan in the heart of the metropolis, and has occupied a position of leadership among its industrial nurses.

Mrs. Brockway has been a director of some half-dozen nursing and women's organizations, including the New York State Organization of Public

Health Nurses, New York State Federation of Business and Professional Women's Clubs, Graduate Nurses' Association of Manhattan and Bronx, Industrial Nurses' Club, Zonta Club of New York City, Women's City Club of New York City. In



XCI. MRS. MARION T. BROCKWAY, R.N.

addition to these she is a member of several more, including the Personnel Club of New York City, New York League of Business and Professional Women, Church Women's League, Town Hall Club, Conference Club, American Association of Social Workers. Such memberships are an indication of tireless activity and unusual breadth of interest.

Editorials

NURSES' CHRISTMAS MEMORIES

WHAT a mosaic it is—the pattern of nurses' Christmas memories! To one it means the time when, new fledged, she protestingly answered her first call on Christmas Eve, and its almost unbelievably true fairy-story denouement. The patient, after seven weeks of illness, provided that nurse with a life income! To many it means the gay planning for patients, big and little, and for fellow-workers in a hospital. To not a few, the Christmas in France will remain forever the outstanding Christmas of all time. For some it means the joy of the unbroken family circle; for others, the wistful memories of days long gone. To one group of public health nurses, it means most particularly that Christmas when they disobeyed the Director who had decreed that a quite shockingly shiftless family as a punishment should be denied Christmas gifts. Months afterward, when the family had been rehabilitated and the nurses confessed, they discovered how the Director had grieved over her own harshness.

For every nurse it means an opportunity. A re-reading of the Christmas Carol will revive the vision of those who have about decided that Christmas is a time only for children. Or if the Carol, incredibly, has lost its appeal, the stories in that charming anthology, "Christmas in Modern Story," or the "Christmas in Story Land," which was prepared especially for children, will give renewed zest and enthusiasm for the dear customs passed on from bygone days. Splendid for patients these anthologies are, too, and easy to read aloud.

At the Nurses' House at Babylon,

not far from New York City, an experiment has been tried. This gracious house has been a haven for hundreds of tired or convalescent or vacationing nurses. One Christmas-tide, on the assumption that nurses are grown women, sophisticated and worldly wise, the traditional features of the celebration of the greatest birthday in Christendom were omitted, and the nurses were obviously not happy. The following year, the house was made festive with garlands of greens from our Southland. Gifts were exchanged. During the entire morning one of the number sat at the piano, playing the carols that carry with them both poignant memories and aspirations for the years to come. The winged hours flew by. At dinnertime a veritable horn of plenty poured out its riches, for the staff of a fortunate nursing organization, all on active duty, had transferred the gifts intended by a generous Board for them, to these, at the moment, less fortunate.

The tales are endless. May each nurse, at home or abroad, on duty or off, add a bit of vivid color to her own mosaic of Christmas memories at this holiday season.

THE AUTUMN MEETINGS

IT seems to me that true citizenship is embodied more by your profession than by any other individual profession or class of people in the world," said a speaker at the Pennsylvania meeting. To the nurses who habitually attend professional meetings the statement rings true, but there is something even finer than citizenship binding nurses together in our organizations. It is that spiritual affinity of nurse for nurse that makes

a nurse at home with other nurses, regardless of race or creed or nationality.

Twenty-seven state associations have held meetings this autumn, but the reports have not yet all been received. Some of those reporting state that this was the largest meeting in the history of the association. This was notably true of New York, where 1,600 nurses were royally entertained by the Brooklyn nurses. Splendid though this is, the thoughtful observer is moved to wonder why so many nurses, more than 100,000 of them, fail to appreciate the privileges of membership in the A. N. A. through the medium of the state associations. These are not organizations for fellowship alone, glorious though that is. They are organizations which have accepted the responsibility of constantly advancing the profession and its service. Their programs indicate how staunchly they are upholding standards and ideals and how doughtily they are facing forward.

A few subjects appear on many programs. Among these are the studies of the Grading Committee and their many implications, the care and prevention of tuberculosis, the importance of wider knowledge of psychiatric nursing and mental hygiene and, on one or two programs, notably those of Missouri and Georgia, the problem of securing nursing service for rural communities was thoughtfully discussed.

At the opening session of the Georgia meeting, more than a dozen people, each representing the interest of an organized group in health and education, made five-minute speeches. They represented such bodies as the State Medical Association, Woman's Auxiliary of the State Medical, State Board of Health, Parent-Teachers' Association, the Board of Public Welfare, the Federation of Women's Clubs, and other important groups.

No two states are quite alike, but in every one there are signs of very real progress. Massachusetts and Illinois celebrated twenty-fifth anniversaries; the establishment of a central headquarters with a full-time secretary was announced in Massachusetts and was discussed in Illinois. North Carolina will combine the offices of educational director and state secretary, while Iowa is doing this and looks to the time when two full-time workers can be employed. Arkansas hopes to amend its law and provide for annual registration and an educational director; in Nebraska, the association listened to the first report of the educational director appointed last year and planned for further progress. Pennsylvania and Iowa voted to finance and complete the histories of nursing in their states. Utah and Alabama are discussing ways of securing a place for nursing programs in their state universities.

New York followed the example of the American Nurses' Association and presented a "President's Portfolio" to the president of each of its district associations. In Oklahoma the meeting was held in a town of only 6,000 people, but how those 6,000 cooperated with the nurses in making the meeting a success! Nurses are citizens, in a very true sense, in that young and virile state. In Alabama, too, a town of 6,000 proved that southern hospitality is not dependent on numbers but on spirit. No nurse attending that conference paid a hotel bill.

What will come of it all—the time, the thought, the physical and mental energy, and the financial outlay? In the light of the findings of the Grading Committee and some knowledge of the courageous and splendid spirit of the profession as represented by these organizations, there is good cause for hope for a splendid future. Better

preparation, better distribution, better service! These are the watchwords of the day. Hundreds of nurses are seeking opportunities for postgraduate work, registrars and associations everywhere are seeking to improve their methods of distributing nursing service, and both should lead to better service for patients. The extraordinary thing about it all is the failure of so many nurses to ally themselves with the progressive, forward-looking members of their own profession in the march toward new goals. Is it because those who enjoy the privileges of membership have failed to spread the news?

THE RED BOOK

AT nursing headquarters it seems incredible that any nurse who was present at the Louisville meetings could have forgotten Dr. Burgess' presentation of the red book, "Nurses, Patients and Pocketbooks," which is the first report of the Committee on the Grading of Schools of Nursing. Such, however, seems to be the fact. At least that is what nurses tell us and Miss Cornelisen writes from the field urging that more publicity be given the book in the *Journal*.

On the other hand the Committee reports that the first edition, 4,000 copies, is about exhausted and that further supplies are being ordered.

This is marvellous news. It seems to indicate that Miss Clayton's advice has been acted upon by many nurses, namely, that each nurse make herself responsible for three copies, one for herself, one for a doctor, and one for a member of the Board of Trustees (or other interested citizen). Some hospitals are at pains to secure all the information available and to put it into the hands of appropriate persons. Allegheny General of Pittsburgh, for example, ordered thirty-three copies, and The Hospital of the Good Shepherd, of Syracuse, N. Y., is a good second with an order for twenty-seven. State Secretaries and Registrars are making highly constructive use of it. Indeed they have a difficult time keeping a desk copy. Superintendents of Public Health Nursing Organizations have begun ordering copies for their Board Members, and so the vital work of "educating the public" goes on.

Not even the new edition of the National Curriculum was disposed of at so rapid a rate as the red book. From El Paso, Texas, from North Dakota, from the west and the east, the message comes that nurses are studying the findings and their implications. Even busy lay people should be encouraged to give the time necessary to a careful perusal of the key chapters. Many are already doing it.



EVERY leader, especially in a profession, must be a creator. He must possess the combination of imagination, enthusiasm, faith, criticism, and insight, which leads one to form new combinations in old material and to create new interpretations of age-old problems. . . . The builders of trails through unknown wildernesses have no successors. They have followers. They have those who take up the work where the pioneers have laid it down, apply it, enrich it, sometimes terribly confuse it with the accumulation of words, but whatever their rôle, it is not that of successor. The new day requires a new type.—From "The Compass," of the American Association of Social Workers, in Memory of Mary E. Richmond, October, 1928.

Questions

34. Please describe the procedure for nasal feeding or gavage.

Answer.—In Frederick's "Textbook of Nursing Technique" we find nasal feeding described as follows: "A nasal feeding consists of forced feeding by means of the passage of a catheter through the nose and pharynx into the oesophagus. This prevents biting of the tube and is a less exhausting method to the patient.

1. Purpose:

- A. To feed patient in surgical conditions which obstruct the throat or prevent swallowing.
- B. To feed insane patients who refuse food.
- C. To feed unconscious patients.

2. Articles necessary:

- A. The gastric-lavage tray, with rubber catheter and funnel in bowl of iced water, instead of stomach tube.
- B. Pitcher of warm liquid food, as ordered.

3. Procedure:

- A. Protect patient with rubber apron and towel about neck.
- B. Tilt patient's head slightly forward to close trachea.
- C. Lubricate catheter in glycerine.
- D. Insert catheter through nostril into oesophagus, wait a few minutes to see that the patient is breathing normally and is not cyanotic. Test end of funnel in bowl of water to make sure the catheter is not in trachea.
- E. Pour food slowly through funnel.
- F. Pinch the catheter and withdraw quickly."

35. Explain the procedure of using Dakin's solution over the forehead of a frontal sinus abscess.

Answer.—The following description was furnished us by the superintendent of an Ear, Nose and Throat Hospital: "In regard to the procedure for using Dakin's solution over the forehead in frontal sinus abscess, we do not use Dakin's solution now, as we did in the war days.

"1. Great care must be used to keep Dakin's solution from the eye. Close the lid and apply a thick coat of vaseline.

"2. The doctor flushes the cavity with Dakin's solution, inserting a frontal canula through the nose into the frontal sinus. A Davidson bulb syringe with tip to fit the canula is attached, the other end of the tubing being in a pitcher containing Dakin's solution. After thoroughly cleansing the cavity, the canula is removed from the nose, the cavity is packed with narrow gauze packing saturated with Dakin's solution and the surface surrounding the abscess is covered with white vaseline. This packing is kept moist with Dakin's solution, dropped on with a medicine dropper.

"Required for application of Dakin's solution:

Instruments: Angular forceps (1)
hemostat (2)
frontal canula (1)
Davidson bulb (1)

Also: cotton applicators
pitcher or basin
medicine glass
medicine dropper
gauze packing
gauze sponges
vaseline
Dakin's solution

"Another method, used in chronic frontal sinusitis, is to irrigate, through a small rubber tube placed in the cavity, with Dakin's solution injected with a glass syringe. We use very little irrigation in ear, nose and throat work in these days; our doctors feel that free drainage is more important and makes irrigation unnecessary."



The Journal Index

AS soon as possible, after the completion of the 1928 volume of the *Journal*, the Index for Volume XXVIII will be completed and printed. It should be ready early in January. Will those who bind their copies of the *Journal* let us have their requests for copies of the index, as early as possible? There is no charge for this. Address the *American Journal of Nursing*, 370 Seventh Avenue, New York.

Department of Nursing Education

EDITED FOR THE NATIONAL LEAGUE OF NURSING EDUCATION BY

LAURA R. LOGAN, R.N.

Planning of Students' Time at the University of Minnesota School of Nursing

BY BARBARA THOMPSON, R.N.

IN order to describe the system by which students are rotated within the Central School of Nursing of the University of Minnesota, it is necessary to give a brief survey of the types of hospitals and the services offered in each. The chart following shows the relationship between the hospitals and the University, and the services which are offered in each hospital. Glen Lake Sanatorium, which offers experience in tuberculosis only, is affiliated with the School. Two of the hospitals, the Charles T. Miller Hospital and the Northern Pacific Beneficial Association Hospital are located in St. Paul, a distance of ten miles from the University. The University Hospital is located on the University campus; and the Minneapolis General Hospital, about three miles from the University.

Following are the services and the number of days each student spends on each service:

Preliminary course

First quarter—theory on the campus—no ward service. 90 days.

Second quarter—theory on the campus—ward service to make an eight-hour day.

	Days
Surgical wards to include eye, ear, nose and throat, and cancer.....	150
Medical wards.....	150
Gynecology.....	30
Obstetrics.....	60

Infants.....	30
Dispensary.....	30
Operating room.....	60
Dressing room.....	30
Pediatrics.....	90
Tuberculosis.....	45
Contagion.....	45
Private patients.....	60
Diet kitchen.....	30
Receiving ward (only a few students get this service).....	30

Two classes a year are admitted, one in October and the other in April. At the beginning of the first preliminary period, the students are assigned for residence in the four hospitals in accordance with the ratio of patients. During this period they have no ward service. At the beginning of the second preliminary period, all students with an average of 87 or over in their theoretical work have the right to choose the hospital where they will spend the major part of the time. The remaining students are assigned, taking as a basis the theoretical grades, so that there will be an even distribution of all grades of students. The number of students to each hospital is again in accordance with the ratio of patients.

In the central office a visible Kardex card¹ is kept for each student.

¹This card was the result of combined efforts of the secretary in the School of Nursing, the University office adviser, and myself.

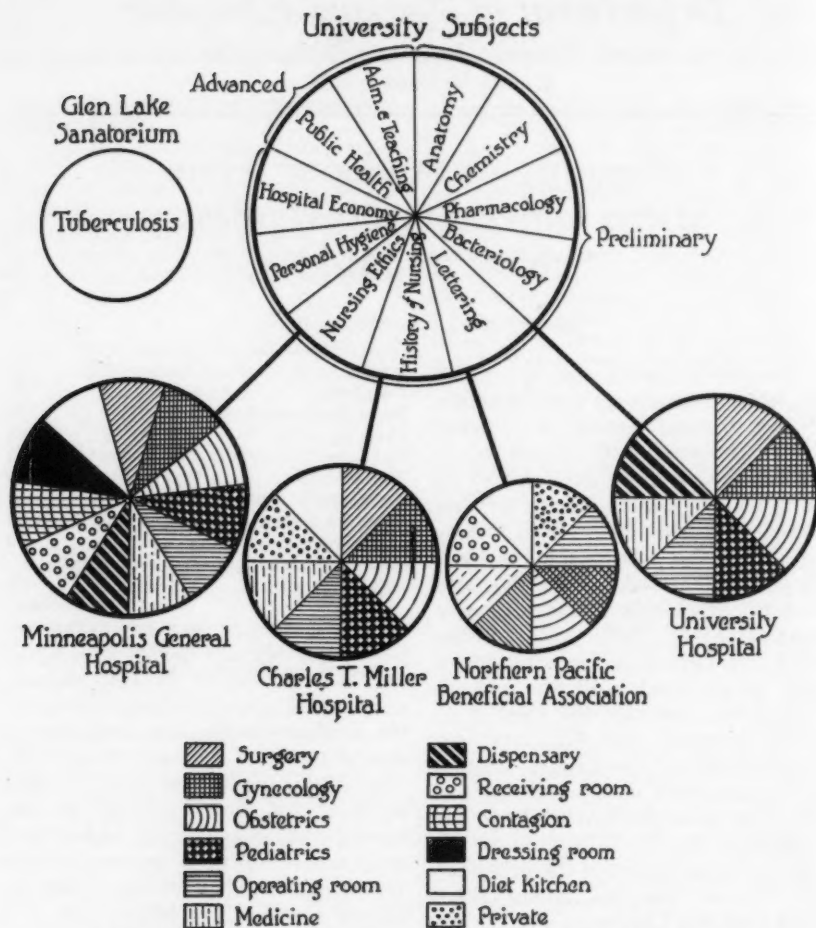


CHART I (Loaned by the Charles T. Miller Hospital, St. Paul, Minn.)

The face and back of this card are shown on page 1242.

The following color scheme is used to designate the individual hospitals:

General Hospital—red
 Miller Hospital—blue
 University Hospital—green
 N. P. B. A. Hospital—yellow
 Glen Lake Sanatorium—black

The celluloid tab at the left shows the hospital to which the student was

assigned at the beginning of the second quarter; the one to the right, and covering a service, is the hospital at which she is at the present time and the service she is on. In addition to these two tabs, a black one is placed after the name to differentiate arts and nursing students, and other colors to the extreme right to designate night duty, illness, or absence. When a student completes a service, the

University of Minnesota

Preliminary Subjects

Anatomy	Bacteriology	Nursing Ethics
Chemistry	Lettering	Hygiene
Pharmacology	History	Hospital Economy

Advanced Subjects

Administration & Teaching
Public Health

Minneapolis General Hospital	Charles T. Miller Hospital	Northern Pacific Beneficial Hospital	University Hospital	Glen Lake Sanitarium
Surgery	Surgery	Surgery	Surgery	—
Gynecology	Gynecology	Gynecology	Gynecology	—
Obstetrics	Obstetrics	Obstetrics	Obstetrics	—
Pediatrics	Pediatrics	—	Pediatrics	—
Operating room	Operating room	Operating room	Operating room	—
Medical	Medical	Medical	Medical	—
Dispensary	—	—	Dispensary	—
Receiving room	—	Receiving room	—	—
Contagion	—	—	—	—
Dressing room	—	—	—	—
Diet Kitchen	Diet Kitchen	Diet Kitchen	Diet Kitchen	—
—	Private	Private	—	—
—	—	—	—	Tuberculosis

CHART II (Same as Chart I, but arranged in simpler form)

card is checked in the color of the hospital in which the student had that service; for example, Pediatrics, General Hospital, would be checked in red.

Until a student completes all her work, the time is entered in pencil at

the end of each month. When a service is planned for a student, the date she begins that service and the date she is to finish are entered in the column above the service. When a student rotates from one hospital

		March	April	May	June	July	August	September	October	November	December	January	February
Diet Kitchen	University	1 Glende 19:11:19:10:00											
		2 10:10:10 10:10:10											
		3 20:10:10 20:10:10											
		4 5:10:10 5:10:10											
	General	1 10:10:10 10:10:10											
		2 10:10:10 10:10:10											
		3 10:10:10 10:10:10											
		4 10:10:10 10:10:10											
		5 10:10:10 10:10:10											
		6 10:10:10 10:10:10											
	Miller	1 10:10:10 10:10:10											
		2 10:10:10 10:10:10											
		3 10:10:10 10:10:10											
	N.P.A.R.	1 10:10:10 10:10:10											
		2 10:10:10 10:10:10											

		March	April	May	June	July	August	September	October	November	December	January	February
Diet Kitchen	Contagion	Glasgow 10:10:10 10:10:10											
		10:10:10 10:10:10											
		10:10:10 10:10:10											
		10:10:10 10:10:10											
	General	10:10:10 10:10:10											
		10:10:10 10:10:10											
		10:10:10 10:10:10											
		10:10:10 10:10:10											
		10:10:10 10:10:10											
		10:10:10 10:10:10											
	Miller	10:10:10 10:10:10											
		10:10:10 10:10:10											
		10:10:10 10:10:10											
	N.P.A.R.	10:10:10 10:10:10											
		10:10:10 10:10:10											

of time they will spend away; for example, if a student goes from the Miller Hospital to the General Hospital she remains there for one month of Gynecology, one and one-half months of Contagion, and a month

not sent to the hospitals until two weeks before the first rotation of the month occurs.

These are compiled by glancing over the chart for that month and noting dates and names of students

	March	April	May	June	July	August	Sept.	Oct.
Miller to General		1 Grayson	Disp. Gyn.	Con. 15				
N. P. B. A. to General .		15 Howe	Ped.	Con.	Disp. Gyn.		1	
General to Miller		1 Hagen	Private	1				
General to University .		1 Olson	15					

of Dispensary. Below are several names taken from the chart.

who are ready to rotate; after which, a copy of the rotations are sent out in the following form:

From the total number of students

ROTATION (MARCH, 1928)

<i>Date</i>	<i>From</i>	<i>Name</i>	<i>To</i>	<i>For</i>
Mar. 1	Glen Lake	Mabel Larson, Sr. (Sept.)	General	Contagion
	General	Barbara Mitchell, Sr. (Sept.)	Glen Lake	Tuberculosis
	University	Mary Malevich, Sr. (Sept.)	General	Contagion only
	General	Lucille Johnson, Sr. (Sept.)	University	Dispensary, Gynecology

assigned to a hospital, the number it is necessary to send to a given department in a year is determined. The total number for any year fluctuates according to the number of students admitted.

The rotations are made up for a month ahead; tentatively they are made up longer, but a copy of them is

Owing to the types and the difference in size of the four hospitals, it has been difficult to evolve a plan of rotation for the best good of the students and the hospitals. Consequently, the plan is still in the experimental stage with many adjustments still to be made before it will be satisfactory.

Correlation of Theory and Practice in Pediatric Nursing¹

BY GLADYS SELLEW, R.N.

I BELIEVE the modern tendency in nursing education is to make the nursing course of equal rank with other courses offered by colleges and universities. That the nursing course be of the quality of college work does not necessarily imply that the nursing school be part of a college or university; it means that the type of instruction given, and the body of knowledge gained by the student, before she may be graduated are equivalent to college requirements for graduation.

This modern tendency is seen in all nursing schools and has markedly increased in the last ten years. It is manifested by an increase in the number of hours of theory given and the wider range of subjects covered. There is a more definite schedule of both theory and practice, and the instruction is of a higher type than that of a decade ago. More is demanded in chemistry, anatomy and physiology. The number of schools offering courses in psychology and sociology is constantly increasing. There is a steady upward tendency in the educational requirement of the instructor who teaches these subjects. Not infrequently the students are sent to a college or university for the courses in psychology and sociology where the class is composed of students from other professional groups as well as from the college of liberal arts.

But in my opinion a more interesting phase of the emphasis laid upon theoretical instruction is the improvement in the methods of teaching

nursing in the classroom and on the ward. Year by year there has been an advance in the type of work. The instructors are better prepared both in the method of teaching and in the subjects taught.

In looking back over the development of the correlation of theory and practice in the training of the nurse, we find an effort to apply the same principles of teaching that are used in the correlation of classroom instruction and laboratory experience in other subjects. Among these principles of teaching are:

1. That the student demonstrate or observe the facts taught in the classroom;
2. That this demonstration either take place while the theory illustrated is fresh in the mind of the student or serve as preparation for classroom discussion;
3. That the theory and practical work are considered as one unit, each enhancing the value of the other and incomplete in itself;
4. That the greatest functions of the teacher are to help the student correlate the theory and practice given with their own past experience, thus bringing to bear upon the present project all that they already know and all the power of reasoning that they possess; and to help the student realize that today's experience is part of a lifelong education;
5. That sufficient time must be given the student in this laboratory not only to carry out the experiments but to acquire manual skill;
6. That means be provided for a definite record of the student's theory and practice.

Formerly the education of the nurse consisted almost wholly of the experience on the ward. Much good training was given, but the needs of the patients in the hospital were the governing factor in the training of the

¹Read at the twenty-fifth annual meeting of the Illinois League of Nursing Education, Joliet, Ill., October 19, 1928.

students. We had no uniform standard, therefore, for the content of the course.

With the advance of nursing has come a recognition that the time of training is a period to be devoted definitely to the education of the nurse. The first step toward a scientific method of training was to increase the number of hours spent in the study of theory and to assign a definite number of months of practical experience to the study of various branches of nursing. This assured a broader training and tended to standardize the practical experience demanded of the graduate nurse.

The accepted requirements, both in theory and practice, have constantly increased. Of equal importance has been the constant effort to correlate the two lines of teaching—the teaching of theory and helping the student to grasp the full measure of the laboratory experience given her.

Correlation of theory and practice means, in the fullest sense of the term, not only the correlation of lecture and ward work, but the linking together of all that the student knows, so that she meets each new experience in the full possession of all that she has learned. We forget quickly that which we learn in the classroom; that which we actually do, we remember longer, but the only way to keep our hard-won knowledge is to constantly use it. Make the past experience constantly help in the present situation. Each nursing service is not a unit in which all other nursing services may be forgotten, but part of a well-constructed plan for the education of the nurse. Good nursing in any service must include the six essential points given in the report of the Grading Committee.

Manual Skill.—That we will definitely teach. Procedures will be

demonstrated in the classroom and on the ward, and the student will practice them until she acquires manual skill in their performance. She will see the graduate body and students older in training working on the ward, and observation of their skill will materially aid her. Her training in anatomy and physiology should help her.

Leadership.—Those in charge of the ward must possess this quality and she must see its daily application. I should say that physiology and sociology, English, history, languages, geography, almost every subject would help her to analyze the ability in leadership that she sees demonstrated on the wards, and to acquire the quality as a valuable attribute.

Persistence.—Hygiene, physiology, ethics and possibly sociology should help her "persistence" to be of value in her work.

Experience.—In the broadest sense, every subject that she has ever studied will help her, every experience that she herself has had will help her.

Kindness.—Ethics of nursing rests on ethics, or the study of what is good or bad in conduct, and gives her a clearer understanding of the reasons why and the manner in which we may be kind to our patients. Anatomy, physiology, hygiene, sociology, psychology and even economics will serve to make her kindness more intelligent.

Intuition.—This, I believe, can only be taught by developing in the student the *power of using* all the facts that she knows, all the skill that she has acquired—every faculty of body and mind alert and centered on the immediate situation, and back of it all, the constant steady purpose to serve the patient to the best of her ability.

The greater the variety of experience, the length of course remaining constant, the less time may be spent on each service. This necessitates

a close study of the essential experience to be given on each service. Probably the best method by which to apply the principles of teaching used in other types of training is the use of the Clinical Unit of teaching. This demands that a definite course of theory be mapped out, in which the nurse's lectures correlate with the physician's lectures and both courses center about the practical experience that can be obtained on the wards.

The patient is the pivot about which the instruction circles. The student learns that she may the more skillfully care for him. She is not a passive recipient of the knowledge presented to her; she becomes an active personality, eager to acquire skill that she, herself, may fulfill the need within her of making herself felt in the world about her. When she nurses this patient her imagination and her desire to find the reasons for all that she sees are awakened and she turns to her instructors, to the library and to a keen observation of other patients and a critical review of all that she has seen before, to answer her questions. All that she learns in her effort to gain a clearer understanding of the case for which she cares stimulates her to further study and to desire further practical experience with more cases. We find, therefore, that the personal care of the patient is always the greatest incentive for learning, so that we make our classroom study a preparation for the care of the patient and a response to the desire for knowledge aroused by the student's actual activity on the wards. It is therefore evident that to give a course in pediatric nursing, we must have the required typical types of patients on the wards—the student's laboratory for practical work. The change in the methods of training have in no way decreased the importance of ward

work, nor in any way placed the training of the nurse above the needs of the patient, but it does require that the arrangement of the ward work must be such that the student may care for patients suffering from certain diseases or trauma representative of the service to which she is assigned, and that she may have the opportunity to practice the procedures often used in that type of nursing.

This is the basis for a sound union of theory and practice, and forms the clinical unit of teaching, emphasizing the importance of the work on the ward and that experience must be so planned that it gives the student the practice necessary to her education.

The need for a definite record of this experience was met by the introduction of the ward-procedure card. In pediatric nursing, I list 51 procedures, a few peculiar to pediatric nursing, others that differ slightly when carried out on the adult and the child patient. These procedures are checked off by the instructor as the student satisfactorily performs them; and by lists of types of cases cared for. These lists may be made of greater value by correlating the cases nursed with the cases discussed by the physician. A mimeographed sheet giving the cases taken up in each of his lectures, with space for the name of the patient representing the condition discussed, may be given the student, and she may fill in the name of the patient when she cares for the case. A column for one or two observations helps to establish the connection between the class work and the living patient nursed on the ward. A postgraduate student, coming from a small hospital, in a three months' stay in the Children's Building of the Cook County Hospital recently handed in such a report of the cases nursed. Approximately 150 different types of disease

or trauma had been cared for or observed, illustrating conditions discussed by the physician.

The ward experience record and the case reports are aids in teaching which serve several purposes:

First, to help the student make use of her fund of past experiences gained through theory and practice;

Second, as a record of her work and

Third, as a record of what she has learned from time spent on service.

The ward experience record and the case report, so admirably discussed by Miss Harmer in her textbook, are a definite help in the correlation of theory and practice.

There are few branches of nursing that need a broader background of knowledge than pediatric nursing. The child's health depends in even greater degree than does that of the adult on the condition in the city, town or village in which he lives. The economic status of his parents, their knowledge of hygiene or even willingness to learn and apply its rules, all affect his chance of health. It must always be remembered that nursing is a practical profession. The test of a nurse's training will always be whether she can do her share in maintaining the health of the community or bringing back to normality a sick or injured body or mind. Subjects which do not so increase the nurse's power have no place in the curriculum. As shown in the discussion of the essential qualities for good nursing, many subjects which at first glance would appear to have little or no connection with pediatric nursing, have in reality great potential power to increase the value of the nurse's work. Psychology, sociology and economics are in this class. But it is necessary to help the student form the connection between the abstract theory and the care that is

daily given the patients. And I would say that it is this emphasis on means for the more perfect utilization of theory in practice that is the central point of the modern tendency in nursing education. It is often said that our students years ago had a working knowledge of many of these subjects, learned from observing their supervisors' or superintendents' handling of difficult situations. It is perfectly true that since the beginning of nursing a glimpse of practical applied sociology, psychology and economics have been given the students through the example of the leading women of the profession. We have women of the same type today, but with the growth in nursing units has come into our schools (as it has come in the colleges) a situation in which it is practically impossible for the intimate personal influence of the head of the school or even of the instructors to be brought to bear upon the individual student. Also it is hardly in accordance with a scientific method of teaching to rely upon personal influence and example. It has proved more logical to trust to the personal influence and example, to exemplify and make living and vivid the conclusions drawn from a study of the principles and reasons for action. The study of academic subjects will not help our students unless they learn to apply what they have learned, but without such study they are handicapped in their efforts to fulfill the requirements of a good nurse. If we accept this point of view, not only psychology and sociology but also many other subjects are of value in pediatric nursing. Hence our demand for the broader educational background for the student, and a type of instructor who can develop in the student the ability to focus upon today's immediate practical

problem all that she has learned through classroom instruction and her own personal experience.

I believe the immediate future development in the training of the student nurse will lie along the line of a closer study of what experience the ward has to offer. This will mean many interesting developments in the relation of the school of nursing and the hospital. Experience gained on the wards means that the head nurse must be a teacher. It is not safe for the patient that the student be left to gain experience by the trial-and-error method. The head nurse must, then, be well grounded in the procedure taught the student, and since she must help the student correlate theory and practice, she must be familiar with lectures and reference reading given the student. She is the logical person to go over the ward experience records with the student, since she knows the patient and his treatment better than does the instructor; the same is true of the case report. The supervisor and the instructor may, of course, be present at these conferences. If this is asked of the head nurse it will be necessary, not only that the head nurse have an excellent background but that she keep absolutely abreast of the times in methods of teaching and all literature bearing upon her work. Staff education becomes an essential part of the educational program in the hospital.

The needs of the patient must be of paramount importance on the ward, but the responsibility for their care lies with the hospital. To quote from "Nurses, Patients and Pocketbooks," "It would be a sad thing indeed were student nurses ever to acquire the attitude of mind which says, 'I am more important than the patient. I

must not be sacrificed just because the patient needs me.' In other professions students are not ashamed to be seeking their own educational advancement. In nursing such an attitude is unthinkable; and it is to be hoped that the time will never come when student nurses will be more interested in their own welfare than in the welfare of the patients under their charge. To the student the patient should always come first; but to somebody the student should come first." Can the student ever come first unless there are sufficient general duty nurses on the wards to permit the care of the patients without the sacrifice of the student? Mere increase in the number of students will not solve the problem. Where there are a sufficient number of students, they will not be overworked, and they will have every opportunity to do their work well, but it will be impossible for each student to be given the type of experience that she needs. It is necessary to have a type of service in which the educational advantage of the work done does not form part of the return for services given. It is impossible in the average hospital to reconcile the needs of the patient and of the students without the use of the graduate, general-duty nurse.

The modern methods of nursing education, then, strive to improve the actual nursing care of the sick, or the work for the prevention of sickness, by giving the student a better type of training on the ward—a more detailed and definite experience in practical work—a broader background of theory, and to unite these two forms of experience so that theory and practice are inseparably bound together—a tool for better nursing.

Our Contributors

Mary Elizabeth Pillsbury, M.A., R.N., whose book on communicable disease nursing will soon come from the press, is now Superintendent of Nursing at the Jewish Hospital of Brooklyn. She has had unusual experience in nursing communicable diseases, including supervision of the department at the New Haven Hospital (Yale School of Nursing), and has installed medical aseptic technic in more than one hospital, including Englewood Hospital, Englewood, N. J.

How visiting nurses do get to the very hearts of the people! **Maude E. Truesdale, R.N.**, a graduate of the Waterbury Hospital School of Nursing, with postgraduate work at Teachers College added, is one of the Brooklyn Visiting Nurse Association supervisors.

Benjamin P. Burpee, M.D., presented the results of his study of "Intracranial Hemorrhage in the Newborn" to the New Hampshire Medical Society last year. He is now appealing to nurses for keener observation of the symptoms which are so important to the physician in making a diagnosis, as well as for good nursing care.

Industrial Nursing is a many-sided specialty, as **Clara C. Davey, R.N.**, points out. Her belief that it is a specialty which should be based on a broad background, including public health nursing experience, will find approval in many places.

Sister Mary Laetitia Fliieger, R.N., a Bellevue graduate, went to England to study midwifery as a preparation for work in India under the direction of the Society of Catholic Medical Missionaries.

"At the Children's Hospital, Cincinnati," was told to **Mary Corinne Bancroft, B.S., R.N.**, who is Director of Nursing there, where in the old, as well as in the beautiful new hospital, the spirit of loving-kindness prevailed.

Emma R. Hempstead is not a nurse, but she has caught and portrayed the very essence of nursing in her sympathetic "In the Hospital."

It was with a rich background of experience that **Mrs. Helen A. Fowler, R.N.**, undertook

the superintendency of the Convalescent Hospital at Broomal, Pa. Private duty, industrial work, hospital administration, settlement work, have each contributed to her understanding of an often neglected field, that of convalescent care.

Marie S. Wood, R.N., is a private duty nurse who has had much experience, both in the operating room of the Post-Graduate Hospital, New York City, and on special duty, with the plastic cases of Dr. Sheehan.

In a recent report by a hospital superintendent we find the line, "We wonder just why nurses went on for 35 years writing charts at a desk from which they slid off." The practical article by **Alice Shepard Gilman, R.N.**, is intended to stimulate the imagination of those who have not yet solved such problems.

W. H. Matthews is the great-hearted Director of the Department of Family Welfare of the Association for Improving the Condition of the Poor, in New York.

The Private Duty Dialogue came to us from "an able private duty nurse" in Oklahoma.

Virginia McCormick is Publicity Secretary for the American Nurses' Association.

Elizabeth M. Focht, R.N., has found the field of private duty nursing full of interesting situations.

Many people have asked about the "routing" of students in Central Schools. **Barbara Thompson, R.N.**, has described the method in use at the University of Minnesota, of which she was Assistant to the Director of the School of Nursing. She is now Instructor and Supervisor in Surgical Nursing at the Presbyterian Hospital of Chicago.

Gladys Sellew, M.A., R.N., has the teaching and management of Pediatric Nursing as her special charge at the Illinois Training School for Nurses, Chicago, Ill.

The *Journal* is indebted to **Juliet Turner**, of Florence, Italy, and to **Mlle. de Johannis**, of Paris, for the news of the International Conference of the Union against Tuberculosis, held in Rome.

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*

Director, Nursing Service, American Red Cross

*"My soul and life a stable are,
Dark, warm within—outside a star,
Lord Christ, Thy home is high and far."*

—LAURA SPENCER PORTER.

MERRY CHRISTMAS! RED CROSS NURSES

MERRY Christmas to all nurses—the graduate in her daily round, in the wards of a hospital, the private home, or the city streets, the student who in classroom and ward is acquiring the skill and knowledge to equip her for her life's work, to all we wish the happiest of Christmas seasons. This is the season for kindly acts and kindly generous thoughts, let us forget the slights and hurts that have rankled in our souls, let us put aside the countless petty and irritating cares, and open wide our hearts to let the Christmas spirit in, and let us try to keep it there all through the year, for the Christmas angels still may sing in humble, human hearts. This, then, is our Christmas message and our Christmas wish to all nurses.

NURSES OFF FOR PORTO RICO

THE following Red Cross nurses volunteered and were sent to Porto Rico to assist in the nursing and preventive health work following one of the most destructive hurricanes that the country has ever known:

Camilla Ruth Atkins, Ruth Carol Bartlett, Veronica Bibby, Miranda Bradley, Bertha E. Brigham, Jean Pauline Egbert, Beatrice Mae Felts, Josephine Mong Gaffney, Nanna Haslund, Katherine Hay, Viola Hahn, Sallie Marshall Jeffries, Laura M. Johnson, Anna L. Leonard, Margaret Virginia MacBryde, Victoria Cecilia Mayer, A. Pauline Meredith, Emily Morton, Mary L. Hawthorne, Alice R. Parker, Hazel Elizabeth Palmer, Margaret

Rouchleau, Louise C. Shuster, Florence Gertrude Smith, Olympia Torres, Adeline Thomas, Esther Gertrude Victory, Margaret Laws Walker, Jessie M. Wilson, Ruth Somerville Woodhouse, I. Malinde Havey, Director, Pansy V. Besom, Assistant Director.

I. Malinde Havey, who has been directing the work, in her report of October 15 states:

To date we have assigned nurses in twenty-one municipalities. At present we have sixty-two nurses on duty, thirty of whom are Porto Rican. I say Porto Rican, although there are really two or three American nurses living on the island whom we have put to work. Altogether we have assigned sixty-eight nurses, but six have been released.

Miss Havey speaks, also, in the highest terms of the work of the nurses, and particularly of their cheerful acceptance of living conditions in the outlying towns that have been of the most primitive character. The reports from the nurses who have been appointed to the outlying districts sound like those from nurses serving in the Balkans and other European countries immediately following the World War, when the American Red Cross was carrying on its great relief and Child Welfare program. Emergency hospitals to be equipped and organized, the sick to be cared for, preventive work to be done, people to be clothed and fed, is not an easy task at the best, but when it is complicated by transportation and telephone difficulties, due to the destructive work of the hurricane, it becomes a task of almost overwhelming magnitude.

THE SITUATION IN FLORIDA

WHILE the destruction to property in Florida was very great, the number of people injured was

much smaller than that of the 1926 disaster. Miss Fox remained in Florida, as Director of the Service, until October 8, Miss Ruth Mettinger remaining as her successor. The official report from the disaster area, as of October 24, stated that but five nurses were working at that time under the auspices of the Red Cross. The problem now has reduced itself to deciding whether illnesses and injuries not previously reported would be considered as caused by the hurricane and therefore legitimate Red Cross responsibilities. A very careful medical program has been developed for the purpose of clarifying the questions of responsibility.

TYPHOID EPIDEMIC AT OLEAN, NEW YORK

AT the same time that the disaster work in Porto Rico, Florida and the Virgin Islands was at its height, an epidemic of typhoid developed at Olean, New York. Mrs. Charlotte M. Heilman, Nursing Field Representative of the Red Cross for that state, was assigned to the territory as general supervisor of the nursing service. The chapter working with the local health department established two emergency hospitals, while the local committees on Red Cross Nursing Service in Rochester, Buffalo, Elmira, Syracuse, Watertown, Schenectady and Utica were asked to assist in securing an adequate nursing staff. The report, as of October 18, states that the number of cases exceeded two hundred, that eighty nurses had been brought into the city, and sixty-nine of these were being used in the two emergency hospitals, the permanent hospitals are also using some of the nurses, and many of them had been sent out for special duty in the homes if called. The financial expense has been borne by the local health de-

partment. The infection, according to the reports of the State Health Department, has been traced to infected drinking water.

DISASTERS IN THE MIDDLE WEST

THE Middle West has also suffered from cyclones. Rockford, Illinois, was visited by a destructive tornado on September 15. Helen Wray, the Chairman of our Local Committee on Red Cross Nursing Service, writes: "Several hundred minor cases were cared for in the first aid tent conducted by Red Cross nurses." She ended her report by stating: "I think every Red Cross nurse, married or single, volunteered to help; we had plenty of nurses."

Austin, Minnesota, was visited on September 20 by a serious tornado, injuring many, destroying much property and killing five people. Here, Helen McGillivray, chapter nurse, rendered valuable assistance, assisted by Eleanor Mumford, also a chapter nurse.

Davis, South Dakota, on September 13, had an equally unfortunate experience. E. Bertran, Red Cross nurse of the Turner County Chapter, gives a graphic description of her experiences.

As we have not a complete list of all the nurses who served in these disasters, we can only mention a few who have sent us reports and who were representing the committees or the chapters. We again wish to give special credit to our local committees which have assisted in securing the nurses. The members have worked diligently, in this connection, and many times have supervised the work, themselves. The Red Cross is, indeed, grateful to these committees, as well as to the individual nurses who have responded so frequently to these calls for assistance.

CONTRIBUTIONS TO DISASTER FUNDS

THE telegram of appeal for assistance in raising funds for the hurricane sufferers, sent by the chairman to individual members of the National Committee, as well as to the state and local committees, has met with a most generous response. Not only have the members given generously, themselves, but have assisted in the conduct of campaigns for raising funds. In many instances large amounts have been raised by the committees. Some one has stated that "nurses are the most generous givers, themselves, and are also successful getters of contributions," and so it would seem from the many reports that have reached the national office. We wish that space would permit us to give the names and amounts that have been raised. As this is not possible, we take this opportunity of giving public recognition to the fine service that has been rendered. Individual letters of appreciation will ultimately reach all those who have submitted reports.

WHY ENROLL IN THE RED CROSS NURSING SERVICE?

THESE constantly recurring disasters, those caused by fire, flood and wind, as well as "those caused by pestilence that walketh in darkness," keep the National Red Cross disaster unit almost constantly in the field. Red Cross nurses are constantly needed. Our enrollment is almost twenty years old, and many of the older nurses have married, or are physically unequal to disaster work, or have important professional responsibilities that cannot be laid aside, consequently enrollment of younger nurses is clearly indicated. The enrollment should proceed systematically, and not wait until an

emergency has occurred. Unenrolled nurses who desire to serve and who may serve are too busy at such times to complete the formality of enrollment. There is no time to stop for physical examinations, or to secure the necessary credentials. We again issue a clarion call to the younger nurses of the country to enroll in the Red Cross Nursing Service as soon after graduation as this formality can be consummated.

VISITORS TO NATIONAL HEADQUARTERS

PERHAPS one of the pleasantest experiences of the National Director of the Red Cross Nursing Service is that of receiving visitors from far-away countries, or enrolled Red Cross nurses who have been connected with work in foreign countries, as well as many Red Cross nurses who visit the nation's capitol. During the past month we welcomed no less a person than Frau Hoetsch, Director of the German Red Cross Nursing Service who, visiting in this country, took the occasion to come to National Headquarters to study the Nursing Service. Frau Hoetsch is not a nurse. She is, however, very progressive in her ideas and most anxious to see the German Red Cross Nursing Service develop professionally, with special reference to affiliation with the German Nursing Association and the International Council of Nurses. At present the members of the Red Cross Nursing Service are not permitted to join the National Nursing Association. There are 8,000 nurses in the service, practically all of whom are employed by the German Red Cross, who are under the control of that organization. The pay they receive is exceedingly small, but care when old and incapacitated for work is provided by the German Red Cross.

Frau Hoetsch described herself as the "bridge between" man supervision, which had preceded her, and future nurse supervision, which she hopes ultimately to establish. She was particularly interested in the organization of the Red Cross Nursing Service and, like many representatives of foreign Red Crosses, found it difficult to understand how the American Red Cross could secure the services of its nurses in the absence of formal contracts or a permanent paid relationship.

Two Chinese nurses, both Chinese Red Cross Scholarship students at the International Course at Bedford College, have also been visitors at National Headquarters. It has rarely been our pleasure to receive more enthusiastic "disciples of Florence Nightingale" than these two young Chinese nurses. Miss Ying, a graduate of the Chinese Red Cross School in Shanghai, under Miss Wu, returns to that city to develop the public health nursing course in connection with the school program. Miss Chu, a graduate of the Pekin University School, which has been sponsored by the Rockefeller, has been connected with the Municipal Health Department, but was released for the express purpose of securing further training. She returns to the same organization.

Elsie Jarvis, an American Red Cross nurse who has been the Director of the Edith Winchester School of Nursing under the auspices of the Near East Relief in Leninikan, Soviet Armenia, has just returned after three years' absence. She gives a very interesting account of conditions there.

Helen Porter, who has been with the Near East Relief, located in Greece, where she made an attempt to organize a school of nursing in connection with the Polyclinico, that

was later discontinued, who has since been connected with the orphanage at Syra, teaching courses in home nursing and looking after the orphans, generally, has also returned to this country.

Mrs. Paul Hube, originally Miss Haentsche, a graduate of the German Hospital of New York City, one of the first members of our enrollment who has the honor of wearing badge Number 101, recently visited the National Office. Mrs. Hube was passing through the United States en route from her home in Wiesbaden, Germany, to the Orient. She served thirty years ago on board the "S.S. Lampasas," during the Spanish-American War, after which she entered the regular Army Nurse Corps, serving for well over three years, and finally married Mr. Hube in the Philippines. It would be difficult to find a more enthusiastic Red Cross nurse. During these many years of absence from this country, she has kept closely in touch with the Red Cross, subscribes to the *Courier*, and is herself a life member, as is her young son of fourteen. An organization which can hold the allegiance, devotion and interest of individuals must, as a nurse recently said, "be more than an organization, it is more like a religion."

Many Red Cross nurses in attendance upon the great Episcopalian Convention, which has recently been held in Washington, D. C., have also called at National Headquarters. Many of these have been delegates to the convention and were making their first visit, not only to the nation's capitol, but also to the national office of the Red Cross. It is always a pleasure to welcome members of the enrollment to the Headquarters Office. We, therefore, cordially invite all nurses who are visiting the city to come in and see us.

Student Nurses' Page

Our First Christmas in the New Home

BY ESTHER HEGE

Mount Sinai Hospital School of Nursing, Cleveland, O.

WE felt that we wanted to do something special, the first Christmas in our new home, so that it would be one long to be remembered by all of us. The question in every mind was: "What shall we do?" The students could come to no definite decision so we appealed to our ever-helpful Principal. She suggested that as we had over thirty maids in our home, we invite them as our guests to the usual Christmas-Eve "kid party."

The President of our student body promptly called a meeting of the Council, inviting representatives from the head nurses and general duty staff. It was decided that we all put our contributions into one basket, which would be placed in the hands of a purchasing committee, so that they might secure a special gift for each one of our guests. Committees for refreshments, entertainment and decorating were also chosen.

The Purchasing Committee spent many of their hours off duty in the shopping district, and put forth much effort to buy the right kind of gifts. They brought in one bundle after another, until the chairman's room looked much like the home of Santa Claus. There were gloves, purses, scarfs, hosiery, fountain pens, etc., in fact, most of the things one might call to mind in connection with Christmas.

While this was going on, the Entertainment Committee was busy in another wing of our home. We wondered just what they were planning to do for us. There would be carols, of course, which we had been singing

every morning in chapel for the past week. They had made a number of little slips of paper, rolled up as scrolls, which were placed in the hands of the decorating committee to be hung on the tree. For the rest, we would have to wait and see.

On Christmas Eve, the "little kiddies" began to assemble in the gymnasium, each one bringing her own seat in the form of a small cushion. Santa Claus had been there before us, for there the tree stood in all its glory! Yes, it was a real tree, something that always fills our hearts with joy at Christmas time. We cheered our Decorating Committee, for they too had done their part. Some of the gifts were piled around the tree while others were hanging from its branches. We were just jumping and running around, having a real time as "kids" should, when our guests arrived. We all put on our "company manners," and rather impatiently awaited the arrival of the faculty. To our surprise in strolled our Principal, dressed as an "old-fashioned mother," dragging along behind her the youngest members of the family, "the twins" and a few others, who were looking very much disheveled, but quite contentedly licking the end of a stick of candy. "Mother" deposited her many parcels under the tree, with apologies to our guests for her tardiness, due to some last-minute shopping and to a few of the unruly children who proved to be none other than our dignified instructors and head nurses.

There was a mad scramble from all

sides, as everyone wanted to get hold of at least a corner of "mother's" long skirt. She smiled at those who were slighted, but in the midst of this excitement we were promptly called to order by one of the tall "kids," who reminded us that all good little girls sing carols at Christmas time. The program began with the singing of "Silent Night." There were several recitations by bashful little girls, piano solos and vocal duets, more carol singing, and our "mother" read us "The Night before Christmas." Several times during the program some of the "kids" had to be reprimanded for their misbehavior.

Then we were ready to turn to the tree. The scrolls were removed and passed around and we found that each made mention of a little "stunt" which had to be performed by the receiver. For example, there were dances, such as the "Charleston" and "Hula Hula," "two-minute speeches" on an impossible subject, singing a solo, and various other things. This gave much enjoyment to all, especially since our teachers and supervisors had to per-

form, just like all the other "kids." It means so much to students to have their staff members mingle with them in this manner on rare occasions such as these.

Our guests were then presented with their gifts from the tree, and judging from the expressions on their faces they were all well pleased. Each member of the school also received a small gift, as we had previously planned that each one donate something from "Woolworth's," so we took from the tree just as much as we put on, which reminded us of this truth, that "what we put into a thing, we get out of it," especially in nursing.

While our "mother" tuned in on the radio, the Refreshment Committee served us with coffee and cake. Apples, candy and nuts also were available and like real "kids" we had already feasted on them.

It was nearly Christmas morning when we finished singing "O Little Town of Bethlehem" and "mother" said goodnight to the guests, the graduates, and her girls.

Nursing and International Athletics

[The following modest account of a student nurse's participation in the Olympic games was given to the *Journal* the day after the "Roosevelt" landed, by Mae Belle Reichardt of the Pasadena Hospital School for Nurses. When asked which seemed more important, nursing or athletics, Miss Reichardt unhesitatingly voted in favor of nursing, for she is following the example of her three registered-nurse sisters. The distinction of participating in the Olympic games came through her remarkable record at discus-throwing, for which she holds a treasured medal.—EDITOR.]

THERE were nineteen girls for the track events, and twenty for the swimming, on the "President Roosevelt" which sailed in July for the Olympic games in Holland. We had our trainers with us and kept up our training right through the voyage. Breakfast was at 7.30 and at 9.30 we began to practice. For my own practice there was, of course, no

room to throw the discus but I could practice the form. There was a track for running or walking and all sorts of arrangements for keeping generally fit.

When we landed in Amsterdam the officials of the city came down to meet us and it was very thrilling. We were one of the first countries to arrive; the Canadians got there in the afternoon

of the same day, and the Japanese soon after. The first thing we did on arriving was to go out to see the field and to begin our practice there. There were not very many places to practice, so each country had a place and time assigned. The field has no bleachers, but people used to come out and stand around the edge and watch us. A week after we got there, came the opening ceremony; it was an impressive sight. All the competitors from the entering countries went to the Stadium, dressed in their uniforms. We girls wore a white ensemble, with the Olympic Shield on the side, white shoes, stockings and hats. When we marched around, they rose and cheered and gave us a great ovation, and with the bands playing and the great parade of athletes of all nations in uniform it was an exciting moment. The American flag was carried by one of the men at the head of our contingent. Then we all drew up in formation on the field and took the Olympic oath. It was read aloud by one person and we all held up our right hands as he did so.

We won the very first event, the shot-put for men. My event came on the thirty-first. I didn't do anything special to prepare for it, but some of the girls lay off and rested all the day before. I went down to the games as usual because I felt so much mental strain in waiting, that I thought it would be better to take my mind off it. They don't let you on the field until ten minutes before your event, and then you just go and sit and wait for it to begin. It is a terribly trying time because you feel the mental strain of waiting and the worst of it is that you can't talk to the other participants around you because they all speak

different languages. It gets very funny sometimes when everybody is making signs to everybody else. There were thirty-one girls entered in our discus-throwing event. Each had three tries and the six best are taken for the finals. There were four Americans in the event, but the first was taken by a Polish athlete. I missed getting into the finals by a fraction of an inch, and it seemed worse luck than if it had been a bigger miss.

After our event was over we were more free to do sight-seeing, but we lived out on the boat all the time and as it was anchored out in the harbor it was not especially easy to go about. There were several luncheons given to the visitors and the Queen had a dance. There was a reception to all the participants, given on board the "President Roosevelt." The closing ceremony took place on the 12th of August, when the Queen presented all the first-place winners with their medals.



Rational Cure for Stuttering

"THE rational cure for stuttering is encouragement to social adjustment and training in independence and self-confidence. In the case of a child, this may best be done by giving him useful tasks about the home and in school, in which he can prove that he is a valuable member of society. The stuttering child must be weaned from his pampering environment and encouraged to believe that an independent, useful existence is a happier one than the ivy-trellis life that he has been leading. Any parent or teacher who is willing to play the rôle of well-wishing cheer-leader will find countless opportunities to encourage the stuttering child to adjust to the realities of life."—From "Stuttering, a State of Mind," by Walter Béran Wolfe, in *Hygeia*, October, 1928.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the names and addresses of the authors, though these need not be published.

COLORADO'S PRIVILEGE

THE Colorado State Graduate Nurses' Association and the Trained Nurses' Association of Denver gave a reception to the nurses who served in the Civil War, while they were in Denver at the time of the G. A. R. Encampment in September. There were seven of these nurses present in Denver, and although their ages range from 81 to 95 years, Mrs. Hayes, who is 95 years old, traveled here from Los Angeles. Mrs. Risley, the President, Missouri, was the youngest of the party. The others present were Mrs. Cole, Secretary, Wisconsin; Mrs. Robbins, Minnesota; Mrs. Alden, Iowa; Mrs. Melton, Utah; and Mrs. Sprague who lives in Denver.

Our reception was held in one of the parlors of the new Y. W. C. A. Building. The Spanish-American War and the World War were represented among the hostesses. Each Civil War nurse was given a comfortable chair that soon became the center of an interested group of the nurses of today.

Their steps may falter, but their nimble minds give vivid expression to the events of today. Years have mellowed the memories of their struggles, for their thoughts turn naturally toward peace and their expressions are for unity. The graduate nurses of Denver and Colorado appreciate the opportunity that has been theirs in extending this small courtesy to these women whom we so greatly admire and revere.

Denver.

L. C. B.

EDUCATING THE LAY PUBLIC

AT the last meeting of the Milwaukee League of Nursing Education, it was decided to notify National Headquarters that three copies of the book, "Nurses, Patients, and Pocketbooks," have been purchased by the Local League and have been placed in Nursing Headquarters in Milwaukee. Our purpose is that these books should be loaned to lay people whom we want to interest in nursing education. They are not to be loaned to nurses, since we advocate that each nurse should possess a copy for her own use. Our League programs for this winter will include discussions on this book.

ELFRIDA HERZOG, Secretary.

Wisconsin.

FROM SOUTH AMERICA

I HAVE now been living in Rio almost a year and a half and am quite in love with "the most beautiful capital in the world." The entrance into the bay at dawn, on a beautifully clear day, is something not to be quickly forgotten. Blood-red sky, reflected in the water, hills all around, frigate birds flying around, their dark forms silhouetted against the sky, and the white buildings of the city catching the first rays of the sun. And as Rio is very generous with beautiful days, nearly all who come are given a picture well worth seeing and remembering.

My first few months here were spent in hotel and boarding house, and I took advantage of the many leisure hours for learning the language and becoming acquainted with the city. And how queer it seemed to be a "foreigner!" Fortunately, linguists are quite common here, especially in the business district, so until I learned a few necessary words I kept to the places where I knew English was spoken. But even if they can't understand you very well, they are very kind in trying to make out what you want, so I soon ventured farther, trying out the new words as I learned them. Then soon came the time to buy things for housekeeping, and after moving into our own quarters, there was the maid to instruct and give orders to. That's the way to learn a language—get to a place where you have to use it every day and then you make progress. While I can't speak Portuguese "like a native," I can hold a conversation much better than if there had been no need of talking it.

Two of the "pet" topics of the housewives here are the maids (they all have one or two—help is cheap, and it is necessary to have at least one, to maintain your dignity and standing), and the parcel-post section of the customs house. The maids are always quitting, breaking things or doing something else they shouldn't. As to the custom-house, anyone who has the misfortune of receiving a package has to spend hours unwinding red tape, and then must pay two or more times the value of the article in duties, fees, etc. And they are lucky to get the package at all.

I am fortunate in living in a place that has a large yard. Here my husband and I have made attempts at gardening with some success and also some failures. But here

where things are green all the year, you can keep planting until you find something that will grow well. The chief trouble is that all life is abundant, one kind living on another, so gardens are very liable to pests and blights. "Big bugs have little bugs, upon their backs to bite them" is most true here.

One especially notices the many parasites that grow on the trees. Hundreds of varieties, many different kinds growing on one tree, and they grow and grow until they finally sap the life of the tree. Some of our trees have a parasitic vine that is supposed to be a remedy for some illness, I don't know what, and very frequently someone comes in, asking permission to take a few pieces.

Herbs are very popular. All over the city you can find stores that make a specialty of selling nothing but herbs, and the stores are lined with all sorts of herb specimens. And almost every common plant is supposed to have some special value. One maid that I had went out into the yard and pointed out a dozen or more different kinds of plants that she said had some medicinal value. With all the fresh air and plentiful sunlight that Rio has to offer, one shouldn't become sick, but if sickness should come, think of all the wonderful remedies there are!

Brazil.

G. R. W.

Making the Best of It

I GET a chance to read the *Journal* and it is a great pleasure to follow the active, busy nurses, as told in the *Journal*. This past year it has all been most interesting to me. I feel so out of the world in this little country town but, even so, I don't get entirely useless. Many people come to tell me all their troubles and mothers ask me about orange juice and sunshine for their babies. Then I also hear of the proper method of chicken raising. Did you know they use cod-liver oil and sunshine to keep the chicks healthy? There really is very little that a nurse learns that does not make the rest of the world more interesting, while I think people are most fascinating—just plain folks. One woman amused me when she said, in answer to my inquiry about her husband's health, "Well, now, I must say he is wonderfully out of fix." I feel the same

way about myself, many times, but every one has been more than kind to me in many unexpected ways.

Pennsylvania.

A SICK NURSE.

Journals WANTED

AGNES J. TAYLOR, Asbury Hospital, Minneapolis, needs copies of the *Journal* for 1924, 1925, and part of 1926.

The Superintendent of Nurses, The Methodist Hospital, Sioux City, Iowa, wishes to obtain copies of the *Journal* from 1920 through 1927, for binding for the students' library.

Sister Pauline, St. Mary's Hospital, Rochester, N. Y., needs the *Journal* for 1923, July.

Ella B. Scanlow, Abbott Hospital, Minneapolis, Minn., wishes to secure copies of the *Journal* for July, 1923; January, 1924.

Elizabeth M. Delahunt, Hurley Hospital, Flint, Michigan, needs: 1915, November, December; 1917, June, August, September, December; 1918, March, April, May, July, November, December; 1920, November; 1925 January, February, September, October.

Journals ON HAND

SISTER PAULINE, St. Mary's Hospital, Rochester, N. Y., has copies of the *Journal* as follows: 1925, August, October through December; 1926, March through June; 1928, June.

Florence Foulke, 215 East Providence Road, Alden, Pa., has copies of the *Journal* which she will send to anyone willing to pay postage or expressage: 1926, complete; 1927, February, May, July, August, December; 1928, January, March, May, through December.



Too Late for Classification

Pennsylvania: The Pennsylvania State Board of Examiners for Registration of Nurses will conduct examinations on January 5, 1929, in Philadelphia and Pittsburgh. Applications for admission to the examination should be filed by December 1 with the Secretary of the Board, Mrs. Helene S. Herrmann, 812 Mechanics Trust Building, Harrisburg.

Group of Delegates Attending the Sixth Annual Conference of the Union against Tuberculosis

1 1 1

Rome, Italy, September, 1928



Among those seated, the fourth from the left is the Duchess of Aosta. The officer in uniform, in the center of the doorway, is Professor Baduel, Director of the Italian Red Cross.

1 1 1

A report of the Conference will be found
in "News," pages 1264-1266.

NEWS

[News items should be typed, if possible, double space, or written plainly, especially proper names. All item should be sent before the 15th of the month, preceding publication, to the *American Journal of Nursing*, 370 Seventh Avenue, New York.]

American Nurses' Association



A Message to the Alumnae Associations from American Nurses' Association Headquarters:

May we remind you at this time when you are sending the list of your membership to your District and State Association, you should not include among your resident or active members those who are non-resident.

These non-resident members should not be required to pay resident dues as they can enter the State and American Nurses' Association only through the dues paid at their place of residence.

The non-resident dues they pay are for alumnae activities only.

A Message to All Registered Nurses from American Nurses' Association Headquarters:

Please do not forget that your membership in your State Association and in the American Nurses' Association is continued through the dues paid through the district where you are residing.

The non-resident dues paid to your Alumnae Association give you membership in your alumnae only.

Have you paid your dues in your place of residence so that you are listed among the members of the state of your residence and the American Nurses' Association for the coming year?

DECEMBER, 1928

The Nurses' Relief Fund

REPORT FOR OCTOBER, 1928

Receipts

Interest received on investments.....	\$474.63
Interest received on bank balances.....	87.04
	<hr/>
	\$561.67

Contributions

California: State Nurses' Assn.	\$75.00
District of Columbia: Garfield Memorial Hospital Alumnae Assn., \$108; Georgetown University Hospital Alumnae Assn., \$14; two individual contributions, \$10.....	132.00
Florida: St. Luke's Hospital Alumnae Assn., Jacksonville.....	53.00
Georgia: District 1, \$50; District 4, \$80...	130.00
Illinois: District 1, Chicago Polyclinic Alumnae Assn., \$35; South Shore Hospital Alumnae Assn., \$10; District 2, Second District Assn., \$10; Elgin Woman's Club for Sherman Hospital, \$10; District 3, Third District Assn., \$50; District 7, Seventh District Assn., \$25; District 8, Blessing Hospital Alumnae Assn., \$30.....	170.00
Iowa: Jane Lamb Hospital Alumnae Assn.....	10.00
Kansas: District 1, Stormont Alumnae Assn., \$47; Christ Hospital Alumnae Assn., \$38; St. Francis Hospital Alumnae Assn., \$22.50; District 6, St. Francis Hospital Alumnae Assn., \$15; individual members, \$3; District 7, \$46.....	171.50
Massachusetts: Norfolk and Suffolk County Branches.....	50.00
Michigan: 172 members of State Assn.....	172.00
Minnesota: District 2, St. Luke's Alumnae Assn., Duluth, \$3; St. Mary's Alumnae Assn., Duluth, \$23; District 3, St. Barnabas' Hospital Alumnae Assn., \$54; District 4, St. John's Hospital Alumnae Assn., St. Paul, \$59; St. Paul Hospital Alumnae Assn., \$31.....	170.00
Missouri: District 2 (Kansas City), University Nurses Alumnae Assn., \$31; St. Luke's Hospital Alumnae Assn., \$50; Trinity Lutheran Hospital Alumnae Assn., \$33; District 4 (Springfield), Springfield Baptist Hospital Alumnae Assn., \$15.....	129.00
Nebraska: District 2, Nebraska Methodist Hospital Alumnae Assn., \$103; Immanuel Hospital Alumnae Assn., \$12; Univ. of Nebraska School of Nursing Alumnae Assn., \$35; Nicholas Senn Hospital Alumnae Assn., \$10; Military Avenue Hospital Alumnae Assn., Fremont, \$13; individual contributions, \$10	183.00
New Hampshire: State Hospital Alumnae Assn.....	10.00
New Jersey: District 1, Orange Memorial Hospital Alumnae Assn., \$3; Essex	

1261

County Homeopathic Hospital Alumnae Assn., \$35; Elizabeth General Hospital Alumnae Assn., \$15; Newark Presbyterian Hospital Alumnae Assn., \$25; Morristown Hospital Alumnae Assn., \$10; individual members, \$15; District 6, \$9.

New York: District 4, Syracuse Memorial Hospital Alumnae Assn., \$130; individual contribution, \$5; District 6, House of Good Samaritan Hospital Alumnae Assn., \$50; A. Barton Hepburn Alumnae Assn., \$10; St. Lawrence State Hospital Alumnae Assn., \$10; Mercy Hospital Alumnae Assn., \$25; District 9, Samaritan Hospital Alumnae Assn., \$50; Troy Hospital Alumnae Assn., \$75; District 11, Kingston Hospital Alumnae Assn., \$38; District Assn., \$25; District 13, Roosevelt Hospital Alumnae Assn., \$50; individual contributions, \$15; District 14, Jewett Training School of Bushwick Hospital Alumnae Assn., \$25; St. Mary's Hospital Alumnae Assn., \$25; Brooklyn Hospital Alumnae Assn., \$10; collected at State Association meeting, \$184.35.	727.35
Oklahoma: District 3, \$4; District 4, \$27; District 5, \$21.	52.00
South Carolina: District 3, Newburg Hospital.	50.00
Tennessee: District 2 (Knoxville), Knoxville Genl. Hospital Alumnae Assn., \$85; District 3, Nashville, \$8.	93.00
Texas: District 1, \$2; District 9, \$50.	52.00
Vermont: Memorial Hospital Alumnae Assn., Brattleboro.	15.00
Wisconsin: District 1, \$26; Districts 4 and 5, \$5; District 7, \$15; District 9, \$21; District 11, \$5; District 12, \$1.	73.00
Wyoming: State Nurses' Assn.	30.00
Total receipts.	\$3,221.52

Disbursements

Paid to 204 applicants.	\$2,867.00
Salaries.	227.53
Postage.	20.00
Printing and stationery.	13.92

\$3,128.45

Excess of income over expenditures
for month ending October 31, 1928 \$93.07

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the state chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York. If the address of the state chairman is not known, then mail the checks direct to the Headquarters Office of the American Nurses' Association at the address given above. For application blanks for beneficiaries apply to your own alumnae or district association, or to your state chairman. For leaflets and other information address the state chairman or the Director of the American Nurses' Association Headquarters.

The Isabel Hampton Robb Memorial Fund

REPORT TO NOVEMBER 9, 1928

Previously acknowledged \$33,538.07

Contributions

Illinois: State Nurses' Association.	25.00
Iowa: District 4, \$2.50; District 5, \$5; District 7, \$10.	17.50
Massachusetts: Middlesex Branch, \$25; Norfolk and Suffolk County Branch, \$15.	40.00
Missouri: State Nurses' Association.	25.00
Nebraska: State Nurses' Association.	25.00
North Carolina: State Nurses' Association.	10.00
Vermont: State Nurses' Association.	10.00
Wyoming: State Nurses' Association.	5.00

\$33,695.57

MARY M. RIDDLE, Treasurer.

The McIsaac Loan Fund

REPORT TO NOVEMBER 9, 1928

Balance, October 11. \$496.76

Receipts

Illinois: State Associations of Graduate Nurses.	25.00
Iowa: State Association of Registered Nurses: District 1, \$10; District 4, \$2.50; District 5, \$5; District 7, \$10.	27.50
Massachusetts: Norfolk and Suffolk County Branches.	15.00
Missouri: State Nurses' Association.	25.00
Nebraska: State Nurses' Association.	25.00
North Carolina: State Nurses' Association.	10.00
Vermont: State Nurses' Association.	10.00
Wyoming: State Nurses' Association.	5.00

\$639.26

Disbursements

None	
Balance, November 9.	\$639.26

MARY M. RIDDLE, Treasurer.



International Council of Nurses

Nurses who are planning to attend the Congress of the International Council of Nurses, which is being held in Montreal, July 8-13, 1929, are requested to send their applications for accommodation at an early date to the Committee on Arrangements, Royal Victoria Hospital, Montreal.

Rooms have been secured in hotels, convents and boarding houses at rates varying from \$1 to \$5 per day. The rates for rooms in the large hotels are as follows:

Single room.	\$3.00-\$4.00
Single room with bath.	5.00- 7.00
Double room.	5.00- 7.00

Double room with bath	\$8.00-\$10.00
Large room, 3 persons	7.50-10.00
Large room, 4 persons	8.00-12.00

Rates for bed and breakfast in convents are from \$1.25-\$1.50. Rates in boarding houses vary according to location and accommodation offered. On arrival in Montreal, visitors who have not already received room assignment are requested to report to Headquarters—The Montreal High School, University St.—in order to obtain it.



International Catholic Guild of Nurses

The international Catholic Guild of Nurses is holding a number of regional meetings of Sisters interested in its program. Those held during late September and early October, include meetings at Chicago and Freeport, Ill.; Pittsburgh, Pa.; and Montreal, Canada. Attendance at each of these meetings was large and included not only the superintendents and superintendents of nurses of the local hospitals, but a wide representation of hospital Sisters from the surrounding country.

At all of these conferences the interests of the Catholic nursing schools were discussed, and Father Garesché announced that the Guild would hereafter function as a federation of the alumnae associations of Catholic nursing schools, to work for the interests of these schools, as well as for the benefit of individual members. All the Sisters present pledged their support, and will do their utmost to further the activities of the Guild. The program to be developed this year includes: federation of the alumnae of all the Catholic nursing schools; publication of a monthly magazine to be sent gratis to all its members; development of the Bureau of Nursing Opportunity; the annual convention, to be held July 5, 6 and 7 at Montreal, Canada; a scholarship fund; numerous other social and educational features.



Army Nurse Corps

During the month of October, 1928, members of the Army Nurse Corps were transferred to the stations indicated: To Army and Navy General Hospital, Hot Springs National Park, Ark., 2nd Lieuts. Ida May Maple, Alma R. Hagan; to Station Hospital, Jefferson Barracks, Mo., 1st Lieut. Margaret E. Thompson; to Letterman General Hospital, San

Francisco, Calif., 2nd Lieuts. Elizabeth Barker, Kathryn R. Edwards, Elsie M. Smith, Edith C. Baldwin, Florence G. Flynn, Mabel Berry; to Station Hospital, Fort Monroe, Va., 2nd Lieut. Alta Berninger; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieut. Lillian C. Brown; to Walter Reed General Hospital, Washington, D. C., 2nd Lieuts. Ethel F. Carson, Catherine Morrison, Nannie L. Dayhoff, Sophia F. Mickiewicz, Nina Dandois; to Station Hospital, West Point, N. Y., 2nd Lieuts. Elsie G. Moyer, Helen MacNaughton, Carrie E. Dunn, Myrtle M. Martin; to William Beaumont General Hospital, El Paso, Texas, 2nd Lieut. Lillian M. Munn; to Hawaiian Department, 2nd Lieuts. Eugenia Y. Bergstrom, Clara Moerk; to Philippine Department, Agnes I. Skerry, Esther Klain, Katherine S. King, Augusta L. Short, Dorothy M. Kurtz.

Seventeen have been admitted to the Corps as 2nd Lieuts.

The following-named, previously reported separated from the Corps, have been reassigned: 2nd Lieut. Elinor Shirley, to Walter Reed General Hospital; 2nd Lieut. Wirtie M. Butler, to Station Hospital, Fort Sam Houston, Texas.

The following-named members of the Corps are under orders for separation from the service: Inez Kemper, Violet H. Sulz, Lillian P. Miller, Mary N. Henry, Bernice I. Harrison.

JULIA C. STIMSON,
*Major, Army Nurse Corps,
Superintendent.*



Navy Nurse Corps

During the month of October, seven nurses have been appointed and assigned to duty.

The following transfers were made: To Great Lakes, Ill., Katherine E. Kelly; to Guantanamo Bay, Cuba, Mary E. Moore, Chief Nurse; to League Island, Pa., Margaret A. Morris; to New London, Conn., Louise H. Kafka; to New York, N. Y., Lillian L. Reilly, Ethelyn S. Everman; to Norfolk, Va., Katherine F. Lowe, Lela B. Coleman, Chief Nurse; to Pensacola, Fla., Marie V. Brizzolara; to Port au Prince, Haiti, M. Alice Roath, Reserve Nurse; to Washington, D. C., Estelle Harding.

The following nurses have been separated from the Service: Esther Sorensen, Dorothy E. Bateman, Evelyn R. Hedman, Barbara A. Fitz, Mary A. Atkins.

J. BEATRICE BOWMAN,
Supt. Navy Nurse Corps.

U. S. Public Health Service

REPORT OF NURSING SERVICE FOR
OCTOBER, 1928

Transfers: To Chicago, Ill., Lillian Yardley; to Evansville, Ind., Mrs. Emma N. Crawford; to Norfolk, Va., Enola LeBlanc; to Portland, Maine, Anna K. Connor, Catherine Winters, Acting Chief Nurse; to St. Louis, Mo., Mrs. Wilhelmina Henley, Acting Chief Nurse; to Vineyard Haven, Mass., Mrs. Anna Kollander.

Reinstatements: Katherine G. Curtis, Florence C. Maier, Mrs. Elizabeth Higgs, Mrs. Emma Crawford, Mary A. Madden, Mrs. Doris McFarland.

New assignments: Ten.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.



U. S. Veterans' Bureau

REPORT OF NURSING SERVICE FOR
OCTOBER, 1928

New Assignments: 33.

Reinstatements: Cecelia O'Dower, Roberta S. Baker, Ann Blansett, Mary O'Keefe, Claire H. Brennan.

Transfers: Anabel Marker, Frances Erickson, to Whipple, Ariz.; Lillian Van Der Weyden, to Tacoma, Wash.; Julia Meade, Head Nurse, to Kansas City, Mo.; Mame K. Daugherty, to Sunmount, N. Y.; Yada Nelson, to Northport, Long Island; Catherine Phelan, to Legion, Texas; Bertha Dramburg, Head Nurse, to Portland, Ore.; De Alva Frazer, to Muskogee, Okla.; Anna M. Kovie, to Tucson, Ariz.; Laura M. Nell, Chief Nurse, to Maywood, Ill.; Agnes C. Dunn, Chief Nurse, to Oteen, N. C.; Marie C. Glauber, Chief Nurse, to Castle Point, N. Y.

MARY A. HICKEY,
Supt. of Nurses, U. S. V. B.



The Sixth Annual Conference of the Union Against Tuberculosis

This Congress of Nurses was called together on the occasion of the International Congress on Tuberculosis in Rome, in September, and at the request of its President. For the Latin countries it was a notable event and a cause for congratulation, although there was not an

official section of nurses at the Congress, as at Washington.

Seven nations were represented at the opening session: United States of America, Great Britain, France, Ireland, Italy, Luxembourg, and Poland. Miss Reimann presided at the nursing session. La Marquise de Targiani Giunti welcomed the assembled nurses in three languages. Milles Descovich and Trompeo, President of the A. J. D. F. F., Italian visiting nurses, spoke on the subject of "Methods for Developing the Power of Observation in Nurses in Regard to Scientific Study and Social Conditions." Mlle. Chaptal (France) continued the subject as follows: "The nurse who devotes her life to the care of the suffering should develop her intelligence and learn self-control. Power of observation has its source in the heart, in an intimate and ardent desire to sympathize with one's neighbor. In order to sympathize, one must have in herself an intuitive understanding of her neighbor. The spirit of observation is as much in the domain of intuition as in that of intelligence. The nurse brings to the patient that which the doctor has not time to bring. She must complete the medical rôle, and she must develop in herself a heart and soul which have the intuition to give in full measure." The report of Miss K. L. Borne, Matron of Papworth Village, on "Tuberculosis and Nursing," proved very interesting. Signora Angiola Noretta, Secretary of The Fascist Women, gave in Italian an account of their work in the fight against tuberculosis.

On the second day, Mrs. Bedford Fenwick presided with notable authority and energy. She expressed her thanks for the invitation and the inspiration she felt in this visit to the Eternal City. England and Italy have a bond in the fact that Florence Nightingale was born in Florence. She expressed the hope that the rapid progress of nursing in Italy would soon permit its figuring as a member of the International Congress of Nurses. The subject for the day was "Nurses Who Specialize," with consideration of the moral, technical, scientific and special preparation for the coordination of nursing service in the dispensaries, the elementary schools and the home. Mlle. Delagrangé (France), Director of the Nurses' Bureau, said that the question of specialization or of general practice in a restricted field is being studied in different countries, among others in America, in Belgium, and in France. Only experience of some years can give an answer to this question. In preparing nurses for industrial work, Mlle. Delagrangé, who was superintendent in large industrial plants during the war, asks for several months of

special training for the work, besides the general preparation of a visiting nurse. Ritchie Thomson reported on the Tuberculosis Hospital of Glasgow. Miss Macdonald, delegate from the British College of Nurses, made a report upon the responsibility of the nurse in the struggle against tuberculosis. Miss Graham, Sister Tutor at King's College, expressed the wish that all schools might have Sister Tutors (Instructors). She urged the extension of the training to three years before the year of special training. Miss Andrews also spoke on this subject. This meeting which had been admirably directed by Mrs. Bedford Fenwick, Professor Sabbatini spoke on "The Nurse Beside the Doctor in the Psychology of the Latin Peoples."

The next day the nurses participated in the discussion, at the International Congress on Tuberculosis, of the subject, "The Organization of Antitubercular Prophylaxis in the Rural Districts."

The visits to preventoria for children and to sanatoria which had been arranged proved very interesting and impressed one with the intense activity shown in Italy in the struggle against tuberculosis and for public health, in which the Italian Red Cross cooperates.

A reception was held at the Red Cross School for Nurses, where the entire group of Red Cross nurses received most graciously and the guests were able to enjoy personal conversation with many of them.

The sixth Conference of the International Union Against Tuberculosis opened on September 25. One of the pleasant preliminary events was a garden party given to some sixty members of the Canadian contingent, at his villa in Florence, by Professor Roatta; another was the huge assembly in Rome, on Monday evening, at which Signor Mussolini was present. Rome, as a setting for the Congress, was unparalleled. Those who know her magnificence will not need to be told that the opening ceremonies in the Capitol, again honored by the presence of Signor Mussolini, were almost awe-inspiring. The representatives of thirty-nine nations, making up a total well over two thousand, crowded the huge rooms of the Capitol. Everyone listened eagerly to hear Signor Mussolini explain that, in his opinion, while private enterprise may do much and may do well, it is the duty of a government to build sanatoria and post-sanatorial establishments, to increase the number of seaside and mountain camps, and to raise the necessary funds for these undertakings. At this opening meeting the list of well-known doctors present would be an

interminable one, but Professor Calmette was a figure all wanted to see and to hear. Some two hundred nurses of all varieties were present. A group of English nurses was headed by Mrs. Bedford Fenwick, Honorary President of the I. C. N. The Italians showed a group of trained nurses, graduates from various training schools, a large number of *Assistenti Sanitarie* (Public Health Workers), and a very large number of Red Cross Volunteers, headed by H. R. H. the Duchess of Aosta, who is their inspectress. On this occasion all met as friends, desirous to help and to be helped and to see the way to gain further knowledge. The presence of Miss Reimann, Secretary of the I. C. N., helped to pave the way for the formation of an Association of Italian Trained Nurses. As well as lectures and meetings, delegates were called upon to study a vast quantity of photographs, plans, statistics, and models of sanatoria, appliances and equipments. To some these were possibly only too familiar, but not so to one of the members, a doctor from Venezuela, who has but two dispensaries or clinics in his country and who was avid for instruction and encouragement. The Section belonging to the "*Opera Nazionale per la Maternità e l'Infanzia*" (Child Welfare) shows considerable development in the shape of rural clinics, which now number well over 300 in this country. It is natural that a great portion of the Exhibition and a good many of the papers read at the meetings should relate to Italy and her organizations, but the rooms of the Palazzo dell'Esposizioni were filled to capacity for Professor Calmette's French lecture.

At one meeting, no less than forty-eight speakers were listed, the subject being "The Organization of Antitubercular Prophylaxis in Rural Districts," the opening paper being that of Dr. W. Brand, of London. In this paper, stress is placed upon the advantage of compulsory notification of cases (as in England since 1912). Dr. Brand also stated that the backbone of antitubercular work in his country is the establishment of a large number of dispensaries, with their concomitant nursing services, and the antitubercular institutions. Mr. Nelbach, of the Millbank Fund, enlarged upon the danger of contagion from bovine tuberculosis, while Dr. Maher of Connecticut brought forward statistics showing phthisis in Indian villages which are without cattle. This particular meeting was interrupted to give the Hon. Ministro Martelli time to speak of the New Italian law, just coming into operation, regarding compulsory insurance against tuberculosis.

The Conference terminated officially in

Rome on the evening of September 27. The following day, special trains conveyed some 900 members to Anzio, where the sanatorium for tubercular soldiers is beautifully situated. Special trains that evening conveyed all those who wished to continue the tour of inspection to Milan and from there a tour was arranged, lasting about a week, visiting the high mountain sanatoria, going over the Stelvio pass to Meran, and eventually back to Milan.



Hospital Standardization Conference of the American College of Surgeons

BOSTON, MASS., OCTOBER 8-10

Monday morning, October 8. The Conference was opened with an address of welcome given by Dr. Frederick A. Washburn, Director of the Massachusetts General Hospital. Dr. Washburn stated that there were three outstanding questions to be considered by the Conference:

1. That of Nursing and Nursing Education.
2. That of the Out-patient Department with reference to making it a place for the care of those with moderate means.
3. That of making the patient a health factor in the community.

Dr. May Ayres Burgess, Director of the Committee on the Grading of Nursing Schools, spoke on the first report of the work of that Committee, "Nurses, Patients and Pocket-books." Dr. Burgess stated that in 1927 there were 79 Grade A medical schools in the United States and 2,155 nursing schools. Since 1927, 131 additional schools of nursing have been opened. It has been estimated that the number of graduates in medicine will be 4,000 yearly for some time to come. There are about 20,000 new graduates of nursing in a year. This number is a greater proportionate increase than is the increase in the total population.

In speaking of the educational requirement for admission to the schools of nursing, Dr. Burgess stated that during the last five years about one-half of the nurses graduating were young women who would not be eligible to fill positions as file clerks, typists, etc. Dr. Burgess stated further that thirty years ago, when only 2 per cent of all eighteen-year-old girls were high school graduates, 30 per cent of the nurses graduating had high school diplomas. Today when a high school education is required in many kinds of work, it is not required of nurses in Massachusetts, New York,

Pennsylvania, etc. Western states have more rigid requirements. Many business organizations refuse to accept a girl who has dropped out of high school, but the nursing schools will accept her.

Under the title, "Should All Student Nurses Receive Practical Experience in the Eye, Ear, Nose and Throat Departments?" Grace E. Allison made an excellent plea for a greater interest in these specialties, for more money, and for more coöperation, in order that patients as a whole may be better served. She spoke of the difficulties in finding experience in these subjects and offered as a remedy the segregation of patients, and using the industries, homes and schools for patients under supervision. She closed with a statement of the need in each hospital for one graduate nurse well prepared in the medical and surgical knowledge of these specialties and of their special nursing technic.



Institutes and Special Courses

Connecticut: Hartford.—The Educational Section of the Graduate Nurses' Association of Connecticut held a nursing institute at the Hartford Hospital, November 15-17, with the general subject, "Ward Teaching and Ward Supervision." The program was as follows:

November 15, Rachel McConnell, Chairman—Address of Welcome, Dr. Lewis A. Sexton; "Principles of Teaching and Supervision," Mrs. Lura S. Oak, Graduate School, Yale University; "Preparation of Head Nurses," Mary Power, New York; "Ward Assignments," Miss Power.

November 16, Sarah E. Hyde, presiding—"Principles of Teaching," Mrs. Oak; "Correlation of Theory and Practice," Martha Ruth Smith, Massachusetts General Hospital, Boston; "Ward Teaching," M. Cordelia Cowan, Woman's Hospital, New York.

November 17, Annie W. Goodrich—"Principles of Teaching," Mrs. Oak; "How the Position of Head Nurse Can Be Made More Attractive," Helen Wood, Strong Memorial Hospital, Rochester, N. Y.; "Ward Supervision as Worked Out at Bellevue Hospital," Blanche E. Edwards.

Kansas: Topeka.—A two-days' institute was held following the meetings of the State Association. It was well attended and was considered a success. Plans are already under way for an institute again next year following the Kansas State Nurses' Association, which will be held at Wichita, in October, 1929.

Missouri: Springfield.—An institute conducted under the auspices of the State League was held November 25-27, following the State meeting. A course of lectures on "Principles of Supervision" was conducted by Carolyn E. Gray, and a course on "Psychiatric Nursing," by May Kennedy. "Mental Test and Measurements" was another subject considered, under the leadership of Jessie Davis. Practical demonstrations of some nursing procedures were shown under the direction of Amy Leger. Irene E. Swenson spoke on "The Need of Psychology in the Curriculum."

North Carolina: Durham.—The STATE LEAGUE OF NURSING EDUCATION held an institute on October 25-27, conducted by Margaret Carrington of Cleveland, Ohio. The Preliminary Period and Practical Nursing were considered on the first day. Later topics were: "Methods To Be Used in the Classroom" and "Ward Experience." A round table preceded each morning session with practical topics.

Rhode Island: The RHODE ISLAND LEAGUE OF NURSING EDUCATION held its first nursing institute, November 8 and 9. The committee presented a program given by men and women prominent in the educational field which was of importance and interest to superintendents and instructors of nursing, public health and private duty nurses, and also to physicians. At the evening session on the 8th, May Ayres Burgess and Annie W. Goodrich spoke.

Tennessee: Tennessee nurses' first institute followed the convention from October 10-13 inclusive.

Intensive courses of lectures were presented which were prepared to meet the needs of all four groups of nursing: Public Health, Institutional, Educational and Private Duty.

A series of discussions by experts featured the institute. Psychology problems were dealt with by Dr. William R. Atkinson of Southwestern College. Emotional activity in its relation to other activities, obtaining satisfactory adjustments, emotional maladjustment and mental hygiene for hospital patients were covered in Dr. Atkinson's talks. Dr. Jesse F. Williams of Columbia University, New York City, delivered a series of lectures on health subjects. Ground covered was the meaning of health, health in the school, health in the home and health in the community. Dietotherapy was discussed by Fairfax Proudfoot, Dr. Otis Warr and Dr. E. C. Mitchell. Other speakers on the institute program were: Abbie Roberts of Nashville;

Dr. Newton Stern, Memphis; Edith Brodie, Nashville; L. O. Dutton, Memphis; Dr. John P. Henry, Memphis; Dr. Gilbert Levy, Memphis. Harriet Townsend, New York City, gave a course of lectures on "How the Nurse May Help in the Adjustment of the Socially Inadequate."



Commencements

Massachusetts: Arlington Heights.—The RING SANATORIUM AND HOSPITAL, a class of 6, on October 15, with addresses by Dr. DeWitt G. Wilcox and Dr. Barbara Ring. **Boston.**—The MASSACHUSETTS WOMEN'S HOSPITAL, a class of 5, on November 7. **Taunton.**—The TAUNTON STATE HOSPITAL, a class of 2, on November 15, with addresses by Dr. Ralph M. Chambers and Rev. Edmund J. Cleveland.

New York: Plattsburgh.—The PHYSICIANS' HOSPITAL, a class of 11, on November 23.



State Boards of Examiners

California: The office of the BUREAU OF REGISTRATION OF NURSES, formerly at San Francisco, was moved on November 15 to Sacramento.

Delaware: The next meeting of the BOARD OF EXAMINERS FOR REGISTRATION OF NURSES in the state of Delaware will be held on Monday, December 3, 9 a. m. at the Homeopathic Hospital, Wilmington. All applications must be in the hands of the Secretary, Mary A. Moran, 1313 Clayton St., Wilmington, not later than November 23.

Iowa: Two hundred and ninety-nine applications for examinations were received for the October examination. Of this number, two hundred and eighty-seven appeared to write the examination. The next examination will be held in January at the State House, Des Moines.

Mississippi: The MISSISSIPPI STATE BOARD OF EXAMINERS FOR NURSES will hold its semi-annual examinations at the State Capitol, Jackson, January 7-8. For further information apply to Maud E. Varnado, Secretary, Box 456, Hattiesburg.

South Dakota: The SOUTH DAKOTA STATE NURSES' EXAMINING BOARD will hold an examination for registration of nurses at the St. Charles Hotel, Pierre, January 15 and 16. Applications must be filed with the Secretary,

Mrs. Elizabeth Dryborough, Rapid City, at least two weeks in advance of the examination.

Virginia: The VIRGINIA STATE BOARD OF EXAMINERS OF NURSES will hold its semi-annual examinations at Richmond, December 12, 13 and 14. For further information apply to Ethel M. Smith, Secretary, Craigsville.



State Associations

Arkansas: The sixteenth annual meeting of the ARKANSAS STATE NURSES' ASSOCIATION was held in the Arlington Hotel, Hot Springs

Greene of Hot Springs gave a lecture on "Types of Paralysis and Points in Their Nursing Care" which was very instructive. Mrs. Elsbeth Vaughan, of the Southwestern Division of American Red Cross, St. Louis, Mo., read a very interesting paper on "The International Aspects of Red Cross Nursing." She was followed by Elizabeth Shellabarger, of Denver, Colo., giving a report of the survey of training schools, which she made this past spring. After the meeting adjourned a delightful entertainment was given at the Ozark Sanatorium. At 8 p. m., District 6 B entertained with a banquet at the Arlington Hotel, with Anna Bolds as toastmistress. On



Joint meeting of the Arkansas State Nurses' Association and the Arkansas Organization for Public Health Nurses, taken in front of convention headquarters at the Arlington Hotel, Hot Springs National Park, Arkansas.

National Park, October 29-30. Mrs. M. Ward Falconer, President, presided. The invocation was given by Rev. C. E. Collins. A hearty and warm welcome was given by Mayor Leo P. McLaughlin and F. Leslie Body, Manager of the Chamber of Commerce. In her gracious manner Mrs. Falconer responded to this hearty welcome, after which she gave an address, telling of the past year's work of the Association. A. Louise Dietrich, of El Paso, Texas, in her address gave many instructive points to follow, and inspired the members with many good things. After this, business was transacted. At noon, the members proceeded to St. Joseph's Hospital, where the Sisters of Mercy served luncheon. At the afternoon session, Dr.

October 30, breakfast was served at the Arlington Hotel to Red Cross nurses. At this time the Red Cross Section of the State Association held its session. At 9.30 the meeting was called to order by Mrs. Falconer; it was opened with prayer by Very Reverend Monsignor William Carroll. Dr. H. King Wade, of Hot Springs, gave many points for thought by his address, "Urology, a Definite Specialty." The subject, "Scientific Prenatal Supervision," given by Dr. James R. Reinberger, of Memphis, Tenn., was instructive and of interest to all. After this the Private Duty Section held a short session, at which the Chairman, Dora Dean, Fayetteville, presided. She was reflected. Following this Section, a report of the Board of Nurse Examiners and

Survey Committee was given by Miss Ruth Riley, Secretary and Treasurer of the Board. At the afternoon session, the members were very fortunate in having with them Mary M. Roberts, of New York, Editor of the *American Journal of Nursing*. She gave a very interesting talk and explanation on the work of the Grading Committee, with charts showing problems of interest for all nurses. Mrs. Edna C. Lockwood, Consultant with the Children's Bureau, Department of Labor, gave an interesting talk on Child Welfare, after which Mrs. S. T. Donohoe, of Little Rock, told of the work the American Legion and the Auxiliary are doing for disabled ex-service nurses. District reports were then given and election of officers held. Elected: President, Ruth Riley, Fayetteville; vice presidents, Rachel Buffalo, Hot Springs, and Mrs. Della Walters, El Dorado; treasurer, Mrs. Ruth Anderson, Little Rock; secretary, Blanche Tomaszewska, Pine Bluff; council members, Mrs. O. F. Duebler, and Dora Dean. The Association was very fortunate in having so many out-of-state speakers. The attendance was large and the meeting was ably conducted by Mrs. Falconer, who gave untiringly of her time and energy throughout the past year. After the meeting adjourned, the nurses proceeded to the Leon Levi Nurses' Home for tea, after which an auto ride over the city was enjoyed. The hospitality of the District 6 B nurses will forever linger in the memories of those who attended. The next annual meeting will be with District 5, in Little Rock, November 4 and 5, 1929.

Florida: The fifteenth annual meeting of the *FLORIDA STATE NURSES' ASSOCIATION* was held at Mirasol Hotel, Davis Island, Tampa, November 1-3. The opening session was given over to reports and business. The Thursday afternoon session was conducted by the Red Cross, Mrs. A. A. Lambert, State Chairman, presiding. The speaker was Clara D. Noyes, National Director of Nursing Service. Dr. John S. Helms spoke later on "Surgical Treatment of Exophthalmic Goiter." A garden party followed the afternoon session. In the evening the Gordon Kellar Alumnae sponsored a theater party for visiting delegates and guests.

The Friday morning session was conducted by the Public Health Section, Mrs. Nancy M. Lawlor presiding. Speakers on this program were Mrs. Anne L. Hansen, President of the N. O. P. H. N., Dr. H. Mason Smith and V. P. Lamoureux of the State Board of Health, and Clara D. Noyes. The afternoon session was conducted by the Private Duty Section,

Mrs. John Davis presiding. The address by Dr. Shelton S. Stringer was followed by Mrs. Hansen on "Distribution of Nursing Service," and by A. Kirschner on "Nursing in Turkey." A motorcade and buffet supper followed this session, and a dinner dance at the Country Club was tendered the guests.

The closing session, Saturday morning, had as a speaker, Dr. C. R. Marney, who discussed "Coöperation of Registries and Physicians." Officers elected are: President, Mrs. Julia W. Kline, Fort Myers; vice presidents, Mary Marshall, Nancy M. Lawlor; secretary, Bonnie Arrowsmith, Tampa; treasurer, Bertha M. Rowe. The chairman of the Public Health Section is Mrs. Nancy M. Lawlor and of the Private Duty Section, Eleanor T. Confrey, Orlando.

Georgia: About two hundred members and delegates attended the twenty-second annual convention of the *GEORGIA STATE NURSES' ASSOCIATION* which opened in Columbus, the morning of November 8, Annie Bess Feebeck presiding. All meetings were held in the First Baptist Church, and the Hotel Ralston was headquarters. The first session was devoted to a roll call by districts and alumnae associations, to reports of officers, committees and delegates; to the president's address, and to appointment of special committees. The district and alumnae reports proved highly inspiring, splendid representation being afforded. The afternoon meeting was presided over by Jane Van De Vrede, Executive Secretary, and brought together on the program the representatives of many state organizations—official and unofficial—and state boards, all of which are directly or indirectly interested in health, health education and nursing problems as they relate to the public. Among these were the Medical Association of Georgia, the Woman's Auxiliary to the Medical Association of Georgia, the State Board of Health, the State Education Association, State Parent-Teacher Association, State Board of Public Welfare, the Georgia Tuberculosis Association, the State Federation of Women's Clubs, the Georgia Children's Home Society, the National American Red Cross, the M. L. I. Nursing Service and others. These representatives gave five-minute presentations of the work of their respective organizations. Mrs. Anne L. Hansen, President of the National Organization for Public Health Nursing, was the principal speaker at the evening meeting. Prior to her address, addresses of welcome by Mr. Crawford, City Manager of Columbus, and by Mrs. Rhodes Brown, District President of the Federation of

Women's Clubs, with response by Mrs. Eva S. Tupman, President of the Georgia League of Nursing Education, were given. Mrs. Hansen's paper was forceful and inspiring, interpreting modern nursing conditions, the need for an adjustment of distribution, for establishment of communities of an Official Registry which can work for an equalization of service and for placement not only of the graduate but of the undergraduate and practical nurse. Mrs. Allen H. Bunce, President and organizer of the Woman's Auxiliary to the American Medical Association, the wife of the Secretary of the Medical Association of Georgia, brought greetings from her organization and spoke to the converse side of Mrs. Hansen's papers, namely, "The Community and the Nurse."

Mrs. Eva S. Tupman, President of the Georgia League of Nursing Education, presided over the session of this organization, Friday morning, November 9. A symposium on "Service Ideals" was presented as the major part of the program. Minnie Bass presented "The Role of the Instructor." "The Role of the Supervisor" was given in a paper written by Lydia McKee. Unfortunately, Mrs. Edith M. Smith was unable to be present and present her paper, "The Role of the Superintendent," but a number of superintendents present participated in discussion. The president's address and a short business session followed. An election of officers to fill vacancies for 1929 resulted as follows: Mrs. Eva S. Tupman, reelected as president; Mrs. Mae M. Jones, Milledgeville, treasurer; directors, Mattie Lou Banks and Alice F. Stewart.

Friday afternoon, the State Organization for Public Health Nursing convened. Mrs. E. C. Westcott of Savannah, acting president, presided, and Mrs. Hansen talked informally and very interestingly, bringing greetings from the N. O. P. H. N. and National Headquarters. "Tuberculosis among Young Women" was the subject of a splendid paper by Mrs. Myrtis Worley; "The Role of the Public Health Nurse in the School" was given by Mrs. Leila C. Peyton; and "Gleanings from the International Clinics" was presented by Emma Havenicht. After interesting discussion, a business session was conducted. Reports of officers and committees were given and an election of officers for the coming year participated in with the following results: for president of the S. O. P. H. N., Emma Habenicht; for vice presidents, Lillian Alexander and Hattie Weldon; for secretary, Evelyn Dugger; for treasurer, Dorothy Treake. Virginia Gibbs, Mrs. Alma Albrecht and Helen Hatch were elected as nurse directors; while Mrs. John Fletcher was elected non-nurse director.

Annie Bess Feebeck presided over the Student Nurse Section meeting on Saturday morning, November 10, introducing the three student nurses who were winners of the essay contest conducted by the Ethics Committee of the Association. Jane Van Ness of the City Hospital, Brunswick, was awarded first prize; Sally O'Bannon of Wesley Memorial Hospital, Emory University, second honor, and Lucile Dale of the Fitzgerald Hospital, third honor. All were present to read their papers. The Association voted unanimously to include a similar contest in the program of the 1929 convention.

A meeting of the Private Duty Section followed the Student Section, and was presided over by Jean Harrell, Chairman. Dr. C. K. Sharp was the principal speaker. His subject was "Rural Nursing," and he brought out the inter-dependency of the doctor and nurse, in their inseparable interests. "How to Solve the Problem of the Over-supply of Nurses in Georgia" was the subject of a splendid paper prepared jointly by Elmina Austin, Marguerite Medlock and Lillian Parker. Vera Minglehoff contributed a paper entitled: "What Can Be Done in Georgia Regarding the Conclusions of the Grading Committee?" Margaret Dorn was elected chairman of the Private Duty Section, and Mrs. Joseph Akerman, secretary.

An hour on Saturday, from twelve to one o'clock, was devoted to the American Red Cross. Lillian Cumbee of Atlanta, Chairman of the State Committee, presided. Ruth Mettinger, Nursing Field Representative for Georgia and Florida, and Major Frank Green, Director of Red Cross Activities at Fort Benning, were the speakers. A report of the State Committee, local committees, of the delegate to the National Convention in 1927, and of delegate to the Biennial in Louisville last June were given, and Lillian Alexander of Atlanta was presented with a certificate for volunteer service in First Aid to the local chapter of the A. R. C.

The final session of the State Association was held Saturday afternoon. Rome was named as the city for the 1929 convention. An election of officers resulted as follows: Annie Bess Feebeck, reelected as president; Celia M. Johnson of Atlanta and Gwinnette Doughty of Augusta, vice presidents; Mrs. J. F. Hawthorne, Atlanta, secretary; Jane Van De Vrede, treasurer; counsellor, Vera Minglehoff.

Socially, the convention was one of the most delightful ever experienced by the members, the special features including a tea given by the Red Cross nurses at Fort Benning; a luncheon tendered by the Muscogee Medical

Society; a tea and reception by the City Federation of Women's Clubs; a banquet at the Ralston, followed by a dance at the Muscogee Club, given by the Chamber of Commerce.

Illinois: The twenty-seventh annual meeting of the ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES and the twenty-fifth anniversary of the ILLINOIS LEAGUE OF NURSING EDUCATION were held in Joliet, October 17-20, with Headquarters in the attractive building of the Chamber of Commerce. The Executive Board held a dinner meeting on October 17 at the Louis Joliet Hotel. The business meeting of the State Association was held October 18, Irene R. Stimson presiding. Rev. William C. Goddens gave the invocation. Addresses of welcome were presented by Mayor George Sehring of Joliet and Mabel M. Shields, President of the Second District, followed by the address of the President of the State Association. The business meeting proceeded with reports from committees and district presidents. The luncheon and afternoon sessions were in charge of the Private Duty Section, Blanche Hanson presiding. Margaret F. Paulk, Director of Music, East Aurora High School, gave a talk on the "Value of Music in Everyday Life." Etta Hall, Supervisor of Group Nursing, West Suburban Hospital, Chicago, read a very interesting paper on "An Experiment in Group Nursing." A most instructive lecture on "Basal Metabolic Findings as an Aid in Diagnosis" was presented by Margaret M. Kunde, M.D., Instructor in Medicine, University of Chicago. Following a significant address by Janet Geister on "Planks for a Nursing Program, 1928," the delegates were taken for a bus ride through Pilcher Park, dinner being served by the Girl Scouts and sponsored by the Business and Professional Women's Club.

Friday, October 19, "League Day," the business meeting of the League was held, Evelyn Wood presiding, followed by the presentation of two very interesting and scholarly papers, "The Correlation of Theory and Practice in Pediatric Nursing," by Gladys Sellow, and "The Out-Patient Department as a Teaching Field for Student Nurses," by Gertrude S. Banfield. Ada Belle McCleery presided at the Anniversary Luncheon. There were many notable guests present, women who at various times have been active in affairs of the League and State Association. The afternoon session convened in the Auditorium of the Joliet Township High School. Democracy in the classroom and in education

was ably presented by Edith Foster Flint in a talk on "Faculty and Student Cooperation." Miss Eldredge's broad experience gave an excellent background for her paper, "The Future of Nursing Schools in the Light of the Grading Committee," and was evidence of the fact that the report of the Grading Committee had received much careful thought. Dr. Caroline Hedger gave a characteristically significant talk on "Adult Education." The speech of the banquet occasion was given by Dr. Charles W. Gilkey on "The Influence of Atmosphere."

The Saturday morning session was in charge of the Public Health Section, Mary McKay presiding. A clever "Health Circus" was presented by the children of the Farragut Junior High School. Two very interesting talks on public health were given; "Prenatal Nursing," Hazel Corbin, General Director, Maternity Center, New York City, and "Newer Developments in Public Health Nursing," Eunice Dyke, Director of Nursing Service, Department of Public Health, Toronto. Following the morning session the delegates were taken on an excursion through the new State Prison. Mrs. Edgar Goodspeed made some important points in her talk on "Community Responsibility for Public Health." The luncheon was in charge of the Public Health Section. The following officers were elected for the coming year in the Illinois League of Nursing Education: President, Evelyn Wood, Chicago; secretary, Mrs. Vera Shipley Brandt, Chicago; treasurer, Bertha Knapp, Chicago; directors, Helena McMillan, Charlotte Johnson, Chicago.

Officers for the Illinois State Association of Graduate Nurses are: President, May Kennedy, Chicago; secretary, Ella Best, Chicago; treasurer, Mabel M. Dunlap, Moline.

Indiana: The 1928 annual meetings of the INDIANA LEAGUE OF NURSING EDUCATION and the INDIANA STATE NURSES' ASSOCIATION were held October 11, 12 and 13 at the Lincoln Hotel, Indianapolis. The principal speakers for the meeting of the League, at which Rosetta M. Graves, Vice President, presided, were Adda Eldredge, Director, Bureau of Nursing Education, Wisconsin, who spoke concerning "Weaknesses in Our Schools of Nursing," and Mrs. Ethel P. Clarke, Director of the Indiana University Training School for Nurses, whose subject was "Importance of Careful Selection of Nursing Students." At four o'clock tea was served at the Louise de Marillac Hall, St. Vincent Hospital. The opening session of the meeting of the Indiana State Nurses' Association was held October 12, at 8.30 a. m.,

Anna M. Holtman presiding. An invocation by Dr. W. A. Shullenberger, and an address of welcome by John W. Holtzman, representing the City of Indianapolis, were followed by the business meeting. At 10.30 the meeting was taken over by the Private Duty Section. Interesting reports of the five official directories located in Indiana were read and discussed. The afternoon session opened with a most interesting and inspiring address, "Planks for a Nursing Platform, 1928," by Janet M. Geister, Director, National Headquarters, American Nurses' Association. Charles J. Sembower, Professor of English, Indiana University, was the second speaker. His subject was "Two Eminent Victorians—Florence Nightingale and John Ruskin." A meeting of the State and Local Committees on Red Cross Nursing Service was held at 4 p. m., Florence J. Martin presiding. Tea was served at the Ball Residence, Indiana University Training School for Nurses. The banquet at 7.30 p. m. was a delightful occasion, with addresses by Janet Geister and Adda Eldredge. Dora Cornelisen, Field Representative for the *American Journal of Nursing*, spoke concerning the *Journal*. Senior students of the schools for nursing located in Indiana were guests. The program for Saturday, October 13, was in charge of the Public Health Section of the Association. Gladys Badger, Washington County nurse, Salem, gave an interesting address, "A County Public Health Nursing Program." Miss Badger stressed the importance of making a careful survey to determine health problems in a county and of planning a program to meet the most outstanding needs. John A. Brown, Secretary of the Board of State Charities, spoke on "The Nurse's Part in the Social Program." Indiana industrial nurses were in charge of the luncheon. Elizabeth Lyon of the American Steel & Wire Company, Anderson, presided and described her work in Anderson. Papers were also read by Betty Faust, industrial nurse for the Eli Lilly Company, Indianapolis, and by Ella Stuart, industrial nurse for the Murray Body Corporation, Indianapolis. In the afternoon Grace Ross, Superintendent of Nurses, City Department of Health, Detroit, Mich., read a paper on "Staff Education for Municipal Nursing Service." Miss Ross stated, "It seems unbelievable that there could still be in any place a Municipal Health Department that does not yet appreciate that unless a nurse has had special public health training since her graduation, she is not equipped to do public health work, and this—no matter what fine private duty work or hospital executive work she may

have done." A paper, "Food Fads and Fancies," by Dr. Thurman B. Rice, Indiana University School of Medicine, was enthusiastically received.

The following officers were elected: President, Eugenia Kennedy, Indianapolis; vice presidents, Gertrude Upjohn, Evansville, and Lulu V. Cline, South Bend; secretary, Mrs. Blanche L. Morton, Indianapolis; treasurer, Mary Elma Thompson, Princeton; executive secretary, Mrs. Alma H. Scott, Indianapolis.

Officers elected by the State League are: President, Mrs. Alma Scott, Indianapolis; vice president, Rosetta Graves, Terre Haute; secretary, Irene Zinkan, Indianapolis; treasurer, Mabel McCracken, Evansville; directors, Mrs. Blanche Morton and Eugenia Kennedy.

Iowa: The twenty-fifth annual meeting of the IOWA STATE ASSOCIATION OF REGISTERED NURSES, held in Council Bluffs, October 17-19, was a complete success. The visiting nurses were welcomed by Robert O'Brien of the Greater Council Bluffs Association. Jane Wiley, Second Vice President, responded. The usual reports of officers and standing committees occupied the forenoon session of the opening day. During the afternoon, Mary M. Roberts, Editor of the *Journal*, gave a most interesting talk on the work and findings of the Grading Plan Committee. A history of the Red Cross organization was presented by Rena Haig of St. Louis. At the close of the afternoon session, visiting nurses were taken to Mercy Hospital where tea was served. A theater party in the evening, at the beautiful Riviera Theater in Omaha, Nebr., completed the first day of the convention.

October 18 gave opportunity for the sectional meetings and for the State League meeting. Splendid special programs were given in each group, followed by special League and Section luncheons.

The afternoon session brought a talk on tuberculosis, "Early Discovery Means Early Recovery," by Dr. John H. Peck of Des Moines, President of the Iowa Tuberculosis Association and President-elect of the State Medical Society; an interesting discussion of the "Vocational and Educational Aspects of Navy Nursing," by Anna G. Davis, Assistant Superintendent of the Navy Nurse Corps; and a splendid address on Mental Hygiene," by Dr. Benjamin F. Williams of Lincoln, Nebr. The annual banquet was a fitting climax to this busy day. Dr. Roy L. Smith of Minneapolis, the speaker of the evening, kept everyone in an uproar, but left with each nurse some

choice bit of philosophy furnishing inspiration for future growth and accomplishment. A well-trained Glee Club of student nurses from Jennie Edmundson Hospital entertained by singing two beautiful numbers.

During the morning session of the final day of the convention a most interesting and instructive talk on "Oral Surgery," illustrated with lantern slides, was given by Dr. William L. Shearer of Omaha, Nebr. Dr. H. Von Schulte of Creighton University, Omaha, Nebr., followed with a splendid address on Ethics, and Mr. Frank B. Summers, Agency Director of the New York Life Insurance Company, explained the types of policies available to nurses. The remainder of the morning was taken up by reports of the League, the Private Duty and Public Health Sections, committees, etc. The Service nurses met at noon for their annual luncheon. This feature of our Annual Convention is looked forward to by all Service nurses. The Friday afternoon session was a short business session for unfinished business, after which the nurses were taken for an auto ride over the city, with a stop for refreshments at Jennie Edmundson Hospital. Frances Pedersen of Dubuque was elected treasurer, succeeding Margaret Henke, who has served faithfully and well in that capacity for four years. All other state officers were retained. An invitation to meet in Marshalltown next year was accepted.

Mention should be made of trips during the noon hours to the Council Bluffs Clinic Building and Woodward's Candy Factory.

The dates of the Nebraska State meeting overlapped Iowa's dates, and the Iowa nurses were invited to attend the Nebraska banquet on Friday. Thirty-seven Iowa nurses accepted the cordial invitation, and a most enjoyable evening was spent at the Fontanelle Hotel in Omaha. Three hundred nurses registered at convention; of these twenty-seven were Senior students sent by their hospitals or by the Alumnae Associations. One hundred and eighty-seven subscriptions to the *Journal of Nursing* were secured. Orders were taken for ten copies of "Nurses, Patients, and Pocketbooks."

State Association officers are: President, Winifred Boston, Indianola; vice presidents, Grace Van Evera, Davenport, and Jane Wiley, Cedar Rapids; secretary, Maude E. Sutton, State Department of Health, Des Moines; treasurer, Frances Pedersen, Dubuque; historian, Emma C. Wilson, Des Moines.

State League officers are: President, Mary Elder, Burlington; secretary, Sister Mary Thomas, Des Moines.

Public Health Section officers are: Chair-

man, Mary Ella Chayer, Des Moines; secretary, Margaret Cannon, Iowa City.

Private Duty Section officers are: Chairman, Lottie Haywood, Boone; secretary, Helen Martinson, Council Bluffs.

Board of Nurse Examiners officers are: President, Frances Hutchinson, 551 Franklin Ave., Council Bluffs, Iowa; secretary, Marianne Zichy, 213 Masonic Temple, Marshalltown, Iowa.

Kansas: The KANSAS STATE NURSES' ASSOCIATION held its seventeenth annual convention in Topeka, October 10 and 11, followed by an institute on October 12 and 13. The program was carried out largely as outlined in the September *Journal*, with the addition of addresses by Janet M. Geister, Wednesday afternoon, and one the following afternoon on "The Demonstration as a Factor in Public Health Nursing," by Isabelle E. Carruthers. Officers for the State Association are: President, Sylva Treat, Kansas City; vice presidents, W. Pearl Martin, Topeka, and Mrs. Mary Bure, Kansas City; secretary, Mrs. Elizabeth Dana, Coffeyville; treasurer, Dena Gronewold, Winfield; new directors, Ethel L. Hastings and Mary Alexander.

Officers of the KANSAS STATE LEAGUE OF NURSING EDUCATION are: President, Mrs. Mary Davis, Salina; vice president, Henrietta Froehle, Kansas City; secretary, Mabel Campbell; treasurer, Sister Lena Mae Smith, Newton; directors, Sylva Treat, Ethel L. Hastings, Grace Umbarger. The next convention is to be held in Wichita.

Louisiana: The ninth annual convention of the LOUISIANA STATE NURSES' ASSOCIATION was held in New Orleans, October 22, 23 and 24, with headquarters at the Roosevelt Hotel. Mrs. Clara McDonald presided over the meetings. Maud Reid of Lake Charles had charge of the Public Health Section. Cornelia Gravell of Alexandria was chairman of the Private Duty Section. All districts were well represented. Business discussed at the various sessions included pensions for nurses, Relief Fund, home for aged nurses, Southern Division, State headquarters, revision of by-laws as suggested by A. N. A., and "Should the Board of Examiners notify nurses before cancelling their registration?"

There was a night session at which papers were read by Drs. Guthrie and Kostmayer, both of New Orleans. The former spoke of the nursing profession from its beginning, and Dr. Kostmayer dealt with that most important subject—the work of the Grading Committee. Mrs. Annie Smith of Baton Rouge also read a paper on the work of the Grading

Committee. Miss Tebo presided at the night meeting. Janet Geister was a prominent visitor and gave many helpful suggestions. Miss Bayhi and Miss Barr each reported on Red Cross activities. The Association went on record as assuming the responsibility for the "Bordeaux Fund" of \$405.20, the quota for Louisiana.

The Private Duty Section passed resolutions asking the Board of Nurse Examiners to withdraw, from the training schools of the state, the privilege of charging for the services of pupil nurses and to discontinue schools not keeping up to the standards of the Board in teaching and equipment; asking the Hospital Association to make uniform rules governing the practice of nursing in hospitals and to obtain from the hospitals better cooperation with the registries; asking the hospitals to distribute their calls through the official registries; and thanking the Grading Committee for its work. All the visiting nurses and delegates were guests for luncheon the first day at the Roosevelt; the second day they were entertained at the Nurses' Club House at a garden party, and on the last day a boat ride was given so that they might view the harbor. As next year will be the twenty-fifth anniversary of the birth of the Louisiana State Nurses' Association, an invitation was extended by Miss Frank, the District President, to the State Association to hold the next meeting in New Orleans, at which time there will be some very special features arranged.

Maine: The sixteenth annual meeting of the MAINE STATE NURSES' ASSOCIATION will be held in Portland, January 4 and 5, 1929, with headquarters at the Eastland Hotel. Rachel A. Metcalfe, of Lewiston, is president, and Mrs. Theresa R. Anderson, of Bangor, is secretary. The Program Committee, of which Eleanor Campbell, Portland, is chairman, is arranging for an interesting program and entertainment.

Massachusetts: A record of twenty-five years of achievement and a forward look toward years of greater usefulness was the double message that broadcast in thought waves for the hundreds of nurses gathered in Boston to celebrate the twenty-fifth anniversary of the MASSACHUSETTS STATE NURSES' ASSOCIATION. The first event was a banquet at the Hotel Brunswick, where three hundred nurses came together. In the center of the guest table was a beautiful birthday cake with twenty-five silver candles. Directly back of the cake, the President, Bertha M. Allan, presided over the feast. At her right, Mary M. Riddle, and at her left, Mrs. Carl L. Watson, President of the Boston Civic Federation

of Women's Clubs. Sally Johnson was toastmistress, and presented the speakers to the audience. Miss Riddle gave a graphic picture of the first ten years of the State Association, which grew out of the Associated Alumnae and came into existence for the express purpose of establishing state registration of nurses in Massachusetts. Seven years of failure were finally crowned by success in 1908. After hearing Miss Riddle speak, everyone felt that the nurses of Massachusetts owe a great debt to the older nurses who worked with such wisdom and courage. Miss Riddle also spoke of the many leaders of the State Association who have been called to help in national affairs, showing that the interest of Massachusetts nurses was not confined to merely local issues.

After Miss Riddle's encouraging story, Miss Johnson presented Helene G. Lee, the newly appointed Executive Secretary for the State Association. The appointment is the crowning achievement of the twenty-five years of teamwork, and Miss Lee in her address asked the nurses to give her the same support they have always given to their representatives, so that she may render the greatest possible service in return. Mrs. Carl L. Watson spoke of the great women's movement and the part that the nursing group might play.

The day following the banquet was given over to many meetings. The morning sessions were divided, and the various groups met to discuss their own special programs. The Private Duty Section had a well attended meeting, with a paper by a retired nurse on "Private Duty Nursing Twenty-five Years Ago," and "Private Duty as I See It Today," by Mrs. Jennie Hampson.

The meeting of the League of Nursing Education was especially large, and the paper by Prof. Frederick J. Gillis on "Development of Personalities" was worth while and much appreciated. At the Public Health Section was a departure from the usual routine, for the boards of public health nursing directors met with the public health nurses, each having a speaker to address the group composed of both professional and non-professional workers. Mrs. Roessele McKenney, Vice President of the Guild for Public Health Nursing of Albany, N. Y., gave the first paper, an able presentation of the responsibility of a board of directors to its community in relation to public health nursing. Elizabeth G. Fox, of the National Red Cross, presented "The Responsibility of the Nurse Executive of a Public Health Nursing Association to Her Community." In the afternoon, all of the members came together for a general session.

The subject chosen for consideration was "Adult Education," the first speaker being Dean Mesick of Simmons College, who spoke on "Getting Ready To Be a Nurse." Frank H. Chase, Research Librarian of Boston Public Library, spoke on "Continued Education." Following this speaker, Violet Hodgson gave her conception of "The Nurse as an Educator" not as an academic teacher in the schools, but in every home where her profession brings her.

At the close of the all-day session the nurses disbanded refreshed and more than ever ready to carry on, because of having come together in social and intellectual fellowship.

The Massachusetts State Nurses' Association has appointed, as Executive Secretary, Helen G. Lee. The State headquarters are in the Berkley Building, 420 Boylston Street, Boston, Room 325. Miss Lee is a graduate of Mount Holyoke College, and has done work at the Harvard Graduate School of Education. She is also a graduate of the Massachusetts General Hospital Training School. Since her graduation she has been engaged in directing education and teaching sciences. For four years she was at the Hartford Hospital School; she has done substitute teaching at the Peter Bent Brigham School of Nursing and administrative work at the Massachusetts General Hospital.

Minnesota: Over 700 nurses attended the annual meeting of the three State organizations in St. Paul, November 6-9. The round tables of all the groups were overcrowded, and much interest was expressed in numerous ways. The outstanding addresses were made by Dr. Henry D. Suzzallo, member of the Committee for Grading Schools of Nursing, Amelia Grant, Director of Public Health Nursing under the New York City Board of Health, and Sister M. Domitilla, also a member of the Grading Committee. The reports at the Advisory Council showed increase in numbers and in multiplicity of interests of the Alumnae and District Associations, and the discussions of the round tables revealed earnest study of the many pressing problems of the day in the nursing fields. Interesting and instructive demonstrations were given in five institutions, and the usual round of teas, luncheons, and a banquet were indulged in. Some good work for the *American Journal of Nursing*, *League Calendars*, "Nurses, Patients and Pocketbooks," and for the local exchequer, was accomplished by live committees, and the general verdict was that Minnesota had enjoyed another successful convention. The new officers were elected

as follows: President, Margaret Hughes, St. Paul; second vice president, Hannah F. Swenson, Minneapolis; recording secretary, Mrs. W. F. Rhinow, Minneapolis; director, Clara A. Webber, St. Paul.

Seventy students held a round table and discussed "Extra-curricular Activities" in a lively manner, and afterward had a luncheon at the Women's City Club. Louise Powell, former Director of the Central School, University of Minnesota, was the guest of honor, and gave a brief address. Anna G. Davis, Assistant Director of the U. S. Government Navy Service, explained that Service to a large group on Wednesday. The Red Cross Luncheon, which is an annual event in Minnesota, was attended by over 200 nurses, and was artistic as well as inspiring. Reports from the four Local Committees—Duluth, Rochester, St. Paul and Minneapolis—showed an enrollment of 1,220 and an increased activity the past year, due in large part to the Delano-Day programs. The State Organization for Public Health Nursing had one day of meetings with the Minnesota Public Health Association and one day with the Minnesota Education Association in Minneapolis.

Missouri: The MISSOURI STATE NURSES' ASSOCIATION and the STATE LEAGUE held their annual convention at Springfield, October 22-27, the latter days being given to an institute. The printed program gives the following:

October 22, Invocation, Rev. A. J. McClung; address of welcome, Delia Altmiller; response and President's address, Anna A. Anderson; business and reports. Advisory Council luncheon. Private Duty Section, Grace Jenkins presiding. "Personality of the Nurse," E. E. Dodd; "Some Implications from Behavioristic Psychology," Dean John M. Bennet; "Registries," Janet M. Geister. Tea, with the St. John Alumnae as hostesses. Evening, "Childhood Characteristics," Prof. M. A. O'Rear; "The Role of the School Nurse in Health Education," Esther Cousley; "Tuberculosis and the Nurse," Bertha O. Yenick.

October 23, League Session, Sylva Treat presiding. "Value of Public Health Affiliation to the Student Nurse," Emilie G. Robson; "Nursing in Rural Communities," Mary E. Stebbins. Round table conference for student nurses, conducted by Helen E. Farnsworth. General Session, business and reports. "The International Aspect of the Red Cross," Mrs. Elsbeth H. Vaughan; "Planks for a Nursing Platform," Janet M. Geister. Public Health Section, Minnie

Strobel presiding. "Prevention of Blindness," Mildred Smith; "The Problems of the Crippled Child," Alberta Chase. Tea, with the alumnae of the Springfield Baptist Hospital as hostesses. Evening, Banquet, Ida E. Gutschke, President of the Fourth District, presiding. Addresses by Carolyn E. Gray and Dr. T. W. Nadal.

October 24, "Principles of Supervision," Carolyn E. Gray; "Psychiatric Nursing," May Kennedy. Business session of the League, Irma Law presiding. "Findings of the Grading Committee," Carolyn E. Gray. Round table discussion on Nurses' Outdoor Club. Closing business session of the State Association. Drive and tea, with the Burge Hospital Alumnae as hostesses. Ex-service nurses' dinner. Evening, Playlet, "Health Program over the Radio"; movie and lecture on "Life in India," Dr. C. Souter Smith; "Navy Nursing," Anna G. Davis. Officers elected are: President, Grace G. Grey, St. Louis; vice presidents, Mary E. Stebbins, Columbia, and Nannie J. Lackland, St. Joseph; secretary, Mrs. Clara Peterson Holmes, St. Louis; treasurer, Bertha E. Love, St. Louis. A souvenir program, prepared through the efforts of Miss Gutschke, contained sketches of interest and value of the State Leagues, Board of Examiners, the Fourth District, the American Nurses' Association, the Central Registry public health work, the *Journal*, and each of the local hospitals.

Nebraska: At the recent State meeting the following officers were elected: President, Florence McCabe, Omaha; vice presidents, Myrtle Deans, Lincoln; Arta Lewis, Hastings; secretary, Ingrid Beck, Omaha; treasurer, Veta Pickard, Omaha; Chairman Public Health, Kate Lincoln; Lincoln; Chairman Private Duty Section, Laura Allen, Omaha; directors, Hazel Tubbs, Martha Hansen, Letta Holdrege.

New Jersey: The twenty-first semi-annual meeting of the NEW JERSEY STATE NURSES' ASSOCIATION, the twelfth fall meeting of the NEW JERSEY LEAGUE OF NURSING EDUCATION and the fourteenth fall meeting of the NEW JERSEY ORGANIZATION FOR PUBLIC HEALTH NURSING were held at the Cumberland Hotel, Bridgeton, November 2 and 3. Anne E. Reece presided at the session of the State Nurses' Association, Friday morning. In addition to the business program, which included unusually fine committee reports, there were excellent reports of the Louisville convention. An important feature of this session was the doing away with the semi-annual meeting of the

Association, the change of date and the decision to have a two-day meeting instead of one, as was formerly the case. Beginning in 1929, there will be one meeting each year, to be held the third Thursday and Friday of April. On Friday afternoon, the League, Jessie M. Murdoch presiding, presented the following program: "The Service of the National League of Nursing Education," Elizabeth C. Burgess; "What Can the Medical Profession Do To Help the Nursing Profession Raise Its Standard?" E. S. Corson, M.D.; "The Education of the Nurse from the Standpoint of the Hospital Administrator," Rev. John G. Martin. Each speaker presented, with unusual clarity and fineness of spirit, the topic assigned. At a dinner meeting, Friday evening, attended by 150, the speakers were Mrs. A. Haines Lippincott, New Jersey Chairman, Woman's National Committee for Law Enforcement, and Nina D. Gage, President of the International Council of Nurses.

On Saturday, the New Jersey State Organization for Public Health Nursing, Anna A. Ewing presiding, presented a program of speeches, papers and round-tables of great interest, the principal addresses being by Charles P. Messick, on "Civil Service as Applied to Nursing Positions," and "Staff Education for the Public Health Nurse" by Harriet Frost. Throughout the entire meetings, the attention of those present indicated a growing interest in the problems and activities of the three nurse organizations in the state.

New York: At the recent annual meeting of the New York State Organizations of Nurses, held in Brooklyn, about 1,600 nurses registered which is the largest attendance ever recorded. The guest speakers, Carrie M. Hall and Dr. Joseph C. Doane, were, as always, very helpful besides being extremely interesting. The more immediate friends and co-workers covered a wide field of varied activities on such subjects as: "Supply and Demand," "Teaching and Supervision," "Nurses' Relief Fund," "The Nurse and Her Money," "The Coöperative Movement Among Nurses Which Is Called the Official Registry," "Meeting the Need of the Small and Rural Hospital," "Hourly Nursing," "Staff Education for the Institutional and Public Health Nurse," "Extra-curricular Activities in Nursing Education."

The general business session of the State Association was held Wednesday morning. Reports of the committees were read as well as the report of Headquarters for the year, with interesting graphs to illustrate the activity in various fields. The need of each

district having an objective for the year was emphasized, also the necessity of more stimulating programs if there is to be an increase in attendance. On Wednesday afternoon there was a meeting of the Advisory Council at which a "portfolio," containing forty-five pages of helpful information, was given to the fourteen district presidents by Mrs. Clifford. This "portfolio" is to be given to each new district president. At the Board of Directors' meeting, the question of enlarging the scope of headquarters office in connection with increasing the state membership was discussed, also the advisability of having a news sheet. Business sessions of the State Organization for Public Health Nursing and the League were held Wednesday afternoon. These few days were sad ones for any nurse who may possibly have been on a diet. There were six luncheons for the following groups: Industrial Nurses, Lay People, Red Cross, Publicity, Student Nurses and School Nurses—also a banquet.

On Wednesday morning, a breakfast meeting for the president and secretary of each district was conducted by Caroline Garnsey, Executive Secretary of the State Association, for the purpose of outlining more uniformity in conducting state business and closer co-operation among the fourteen districts. The subject of a bulletin and of a two-day Private Duty institute for each district was discussed. It was the first time such a meeting had been held, and much benefit was derived, which resulted in a feeling of genuine satisfaction for the work of 1929.

The unbounded hospitality of district 14 can best be shown by mentioning some of the attractive social entertainments which were planned: a tea at the Methodist Episcopal Hospital, another at the Y. W. C. A., a bus ride to the Naval Hospital, where a movie was shown and tea served, a bus ride to Coney Island, and each afternoon a group of twenty-five nurses was taken to Ellis Island. Every spare minute was filled, and at times one was faced with the embarrassing quandary of whether to do what she wanted to do or what she should do. To the members of District 14 is due, in large part, the success of the convention.

Officers elected for the State Association are: President, Mrs. G. M. Clifford, Syracuse; vice presidents, Lydia Anderson, Brooklyn, Emily Hicks, Utica; secretary, Lena A. Kranz, Utica; treasurer, Louise Sherwood, Syracuse; directors, Grace Hinckley, Brooklyn, and Mrs. Anne L. Hansen, Buffalo.

Officers for the State League are: President, Mary E. Robinson, Brooklyn; vice president, Helen Young, New York; secretary, Marian

Durell, Welfare Island; treasurer, Louise Metcalfe, New York.

Officers elected for the Public Health Organization are: President, Agnes Martin, Syracuse; vice president, Marion W. Sheahan, Albany; secretary, Mary Elderkin, Brooklyn; treasurer, Eleanor Zuppaun, Albany; directors, Mathilde S. Kuhlman, Mrs. Roessle McKinney.

The next annual meeting will be held on October 22-24, 1929.

North Carolina: The NORTH CAROLINA STATE NURSES' ASSOCIATION held its twenty-sixth annual meeting at Durham, with headquarters at the Washington Duke Hotel—190 registering—on October 23-25, with an Advisory Council meeting on the evening of the 22nd. District 5 proved a most cordial and charming hostess, and had so well arranged matters that serious business of the meetings was conducted with no delays, thus giving the members the full time allotted for the various delightful social functions arranged for them. The program was not general but specialized, Tuesday being placed in the hands of the Private Duty Section. Mrs. Elsie Mulliken, General Field Director of the American Red Cross at Washington, gave an address stressing the high professional standards maintained by the Red Cross, and Mary Wyche, Honorary President of the Association and one of the best known nurses in the state, delivered an address emphasizing the responsibility and growing demands made upon the private duty nurse.

Wednesday, Public Health: The program of this Section included an address by Judge Lock of the Juvenile Court of Greensboro, and two papers, "The Care and Hygiene of the Skin and Scalp," by Dr. Tyler, and "The Public Health Nurse in Child Hygiene and Health Department," by Dr. Epperson. Various clever, as well as typical and true demonstrations of the various phases of public health work were given. A joint session of all the sections, under the auspices of the League of Nursing Education, took place Wednesday evening, when Miss Carrington of Cleveland was introduced and read a most interesting paper, "Soundings in Nursing Education." She was followed by Dr. Davison, Dean of the School of Medicine, Duke University, who outlined the plans for the school of nursing which is to be established at the University, a matter of vital interest to the nursing profession.

In the course of the meeting, the most important business accomplished was the passing of an amendment to the by-laws

which provides for the establishment of state headquarters at some central point to be determined by the Advisory Council, later, with an executive secretary in charge. The work of the educational director and that of executive secretary will be combined. Lula West, Educational Director of the Association, will serve in this capacity until a permanent secretary is appointed.

Officers elected for the State Association are: President, Mary P. Laxton, Asheville; vice presidents, Elizabeth Connelley, Sanatorium, and Mrs. Myrtle Roberson, Greensboro; secretary, Dorothy E. Wallace, Asheville; treasurer, Mrs. W. E. Shope, Asheville; executive secretary, Lula West, Mt. Airy. Officers of the State League are: President, E. A. Kelly, Fayetteville; secretary, Elizabeth Connelley, Sanatorium; treasurer, Mary B. Maye, Charlotte; educational secretary, Lula West.

Oklahoma: The OKLAHOMA STATE NURSES' ASSOCIATION held its annual meeting at Clinton, October 25-26. The meeting was called to order by Grace Irwin. After the invocation by Rev. A. S. Cameron, Mayor Meecham gave a very hearty welcome. The response was given by the President. The meeting adjourned to allow the Private Duty Section and the Nursing League to hold business meetings. At noon a luncheon was given by the Chamber of Commerce at the Presbyterian Church. At 2 p. m. Emma Teel, Chairman of the Private Duty Section, had charge of the meeting. A paper on "Do Private Duty Nurses Give Satisfaction?" was given by Elsie Smith, followed by Mary Breisers, who told "Why Private Duty Nurses Should Keep Account of Their Incomes." Meda Marsh gave a very interesting paper on "Why the Private Duty Nurse Should Organize." At the close of the meeting a tea was given at the Clinton Hospital, and at 8 o'clock the Rotary and Kiwanis Clubs entertained at the Country Club. On Thursday morning the Private Duty Nurses enjoyed a breakfast at the Presbyterian Church. At 9 a. m. the business meeting of the State Association was called to order by the President. Roll call was responded to by reports of the district secretaries. The Committee on Redistricting gave a very fine report of the survey made, and it was voted to form two new districts. It was voted to raise the salary of the Secretary from \$100 a year to \$300. The report of the State Board of Registration showed that good work is being done with the training schools. The President delivered a

very wonderful address that was enjoyed by all. Dr. Gregory gave a talk on "The Care of the Nervous Patient." Dr. Pounders talked on "Signs and Symptoms of Rickets." The main part of the program that was of great help to every one was the talk given by Mary M. Roberts, of the *American Journal of Nursing*, on Grading. At the close of the meeting a trip was made to the State Tubercular Hospital, where an Indian war dance was given by native Indians. At 7 p. m. a very delightful banquet was given at the Methodist Church, and the members were given a treat in listening to Miss Roberts again. On Friday morning, twenty-eight Red Cross nurses attended a breakfast where Mrs. Elsbeth H. Vaughan of St. Louis was the speaker. The closing meeting was opened by a talk and demonstration on "The use of Pneumothorax in Tuberculosis" by Dr. Darnell of Clinton, followed by one on "The International Aspect of the American Red Cross" by Elsbeth H. Vaughan. An invitation to hold the next meeting in Ponca City was accepted. The report of the tellers showed the same officers reelected. The success of the social life of the meeting was largely due to the ladies of the city who furnished music for every meeting and looked after the transportation and housing. It was voted one of the best meetings ever held.

Pennsylvania: The twenty-sixth annual convention of the GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA, in joint session with the PENNSYLVANIA LEAGUE OF NURSING EDUCATION and the PENNSYLVANIA STATE ORGANIZATION FOR PUBLIC HEALTH NURSING was held at the Penn Alto Hotel, Altoona, October 22-27. The report of the General Secretary, Esther Enriken, showed how much had been accomplished during the year, including moving the office to more commodious quarters. The questionnaire on the Nurses' Relief Fund sent out by the American Nurses' Association was discussed and the replies formulated by the Advisory Council were endorsed. It was decided to finance and complete the History of the State Association. The report of the Educational Adviser, Anne C. Wray, was also of interest. The code of ethics presented by the committee was adopted. At the formal opening session, in the evening of the 22nd, Helen F. Greaney presiding, the invocation was given by Rev. J. E. Skillington. Addresses of welcome were given by J. J. McMurray, Mayor of the City of Altoona, and Dr. A. S. Kech,

President, Blair County Medical Society. Helen F. Greaney responded to these addresses. Five-minute talks were given by Marie C. Eden, President, Pennsylvania League of Nursing Education, and Helen Mar Erskine, President, Pennsylvania Organization for Public Health Nursing. Dr. Howard C. Frontz spoke on "Facts Concerning the Welfare Bond Issue." David R. Perry gave a very stirring address on "Citizenship."

Tuesday was an interesting day, which began with a Red Cross breakfast, with Mrs. Annie Humphreys, Assistant Director, Home Hygiene and Care of the Sick, National Red Cross, as the speaker. The business session of the Graduate Nurses' Association began at 9.30 a. m. The luncheon hour was devoted to a Red Cross luncheon, with Mrs. J. E. Roth, Chairman, State Committee on Red Cross Nursing Service, presiding. During this hour W. R. Wertz spoke on the Roll Call, and Ernest C. Noyes on "Junior Membership and Service." The hour from 2 to 3 was known as the Red Cross Hour, at which time Edith B. Irwin spoke on "The Responsibility of the Nurse to the Community." The Arrangements Committee had planned an automobile trip to the country home of Charles M. Schwab, and to Cresson Sanitarium, for the late afternoon, and, through the courtesy of the Chamber of Commerce and citizens of Altoona, automobiles were furnished for this drive, which was most delightful. At the evening session, the speaker was Mrs. Florence C. Dermody, Manager, Woman's Department, Massachusetts Mutual Life Insurance Company, who impressed the nurses with her candid explanation of the various forms of insurance, and its value.

The report of the tellers of the Graduate Nurses' Association was as follows: President, Esther J. Tinsley, Pittston; vice presidents, Mrs. Helene S. Herrmann, Harrisburg, and Mary A. Rothrock, Clearfield; secretary-treasurer, Mrs. Adelaide W. Pfromm, Philadelphia; directors, Jessie J. Turnbull, Helen F. Greaney, Margaret A. Dunlop.

Wednesday began with a business session of the Graduate Nurses' Association, after which the meeting was turned over to the Private Duty Nurses' Section, with Edna A. Wagner presiding. The routine business of the Section was carried on, and a Private Duty Nurses' luncheon at noon. During the afternoon there was a lengthy discussion of problems on official directories. The following officers were elected: Chairman, Katherine V. Hope, Wilkes-Barre; secretary, Edna Wagner, Pittsburgh.

Wednesday evening all business was suspended while over three hundred nurses attended the annual banquet. William G. Turnbull, M.D., was the speaker of the evening, whose subject was "Tuberculosis."

Thursday was League Day, and the meetings were held in the First Lutheran Church, Marie C. Eden presiding. An address of welcome was given by William H. Howell, M.D., after which the business meeting continued with the reports of the Standing and Special Committees, and the report of the Educational Adviser of the Pennsylvania State Board of Examiners for Registration of Nurses, Anne C. Wray. Mrs. Helene S. Herrmann, R.N., Secretary-Treasurer of the Pennsylvania State Board of Examiners for the Registration of Nurses, gave a very instructive address on the administration of the recently enacted Nurse Practice Act of Pennsylvania. The following officers were elected: President, Mary A. Rothrock, Clearfield; vice president, Mary B. Miller, Pittsburgh; secretary, Anna L. Meier, Philadelphia; treasurer, Emma C. Smith, Pittsburgh. Florence Ambler gave a very interesting paper on "Ward Teaching." During the luncheon hour, Susan C. Francis spoke on the work of the Grading of Schools Committee.

The afternoon session of the League proved to be one of the most interesting of the whole convention, with Ruth Bower reading a paper entitled "Selecting Candidates for Schools of Nursing." Thyrsa W. Amos, Dean of Women, Pittsburgh University, gave an inspiring talk on "Some Thoughts on the Art of Living." "Social Development of the Students in the Smaller Communities" was given by Olive M. Bayer. "What Social Activities Mean to the Student at the Philadelphia General Hospital," Ruth H. Jepson, President of the Student Council, and another by Lou F. Scott, Presbyterian Hospital School for Nurses, entitled "Inter-school Activities—Students," proved very interesting and varied the routine program.

The evening session was held in the ball room of the Penn Alto Hotel, Marie C. Eden presiding. The speaker of the evening was Dr. Ester L. Richards, Johns Hopkins Hospital, Baltimore, and the title of her paper was "Some Trends in Nursing Education."

Friday was Public Health Day, and began with a Breakfast Board Meeting followed by a short business session with Helen Mar Erskine presiding. Miss Erskine then turned the program over to J. Moore Campbell, M.D., Pennsylvania State Department of

Health, and the following subject was presented: "The Nurse and Communicable Disease," Mary E. Pillsbury, Brooklyn. A demonstration of Communicable Disease Nursing was given by Edith Brown and Ival Wilkins.

The Lay Section of the Pennsylvania Organization for Public Health Nursing had a very delightful Lay Luncheon Meeting, with Mrs. C. W. Montgomery presiding. Mrs. C.-E. A. Winslow, of New Haven, Conn., spoke on "The Development of a Board Member." A report of the Lay Section Meeting at the National Convention, Louisville, was given by Anna Huber. There was also a luncheon for School Nurses, at which Lois Owen presided. Anne Stanley spoke on "School Nursing." A general luncheon was held with Helen M. Erskine presiding. Excellent reports from the Biennial Convention were given by Mrs. Anna E. Barlow. Helene S. Herrmann gave a very concise interpretation of the effect the new nurse practice act has upon the nurse in Pennsylvania. The afternoon session began at 2.15, with Helen Erskine presiding. Clarence Pretzer spoke on "Budget Making in Relation to Family Health." A demonstration of a Health Supervisory Visit was given by the Public Health Nursing Service, Cambria County Chapter, American Red Cross, and proved very interesting. Harriet Frost addressed the meeting on "Family Health Supervision."

Helen Mar Erskine presided during the evening meeting. The speaker of the evening was Dr. William H. Peters, who spoke on "Policing the Mouth."

There were no officers to elect, except for the vacancy caused by the resignation of the treasurer. Following is the report of the Tellers: Treasurer, Elizabeth Scarborough, Philadelphia; Nurse Director, Harriet Frost, Philadelphia; Lay Director, Anna Huber, York; Nominating Committee, Lois Owen, and Mrs. Louella Oliver.

The increase in membership this year was 886, the greatest increase the State has ever had. The membership is now 8,359.

Tennessee: The twenty-third annual meeting of the TENNESSEE STATE NURSES' ASSOCIATION was held at Hotel Peabody, Memphis, October 8 and 9, with an attendance of 200 members. A meeting of the Board of Directors was held the morning of October 7, preceding the opening of the general conferences. The President, Mrs. Corinne B. Hunn, presided at all general meetings.

After an invocation by Rev. Dean I. H. Noe, the members were welcomed by Mayor

Watkins S. Overton, response by Mrs. Hunn. The four districts gave splendid reports showing interest and achievement in Association work. Reports of officers and standing committees showed that the affairs of the Association are progressing finely. Anna Heisler, representing the American Child Health Association, gave interesting talks and took part in discussions. Janet M. Geister, representing the American Nurses' Association, brought messages from headquarters, and by her discussions and talks, both general and individual, added greatly to the value of the meetings. The Private Duty, Public Health and Education Sections each held very interesting conferences. Dr. Max Goltman, Memphis, in his paper, "What the Medical Profession Expects in the Nursing Care of Patients," gave an understanding and inspiring discussion of nursing from the medical viewpoint. Dr. A. F. Cooper, Secretary of the Memphis and Shelby County Medical Society, discussed "Value of a Professional Code of Ethics." Dr. Henry Hedden, President of the Memphis Hospital Association, talked on "Coöperation of Hospitals and Graduate Nurses." Mrs. Earl E. Harris, Memphis, discussed "The Present Status of Nursing from the Viewpoint of the Layman," in a very enlightening and interesting manner. Other subjects of interest discussed were: "Nursing as a Service Profession," Zuliema Walker, Nashville; "Community Nursing Needs—How We Are Meeting These Needs," Malvina Nisbett; "Ideals," Mrs. Lena Warner, Knoxville; "History of Schools of Nursing in Tennessee," Martha Stewart; "Report of Study for Committee on Grading of Schools of Nursing," Montez Wayne, Knoxville.

An outstanding event of importance was the decision for a state survey of nursing schools to be conducted under State auspices. The following officers were elected: Mrs. Corinne B. Hunn, Oakville, reelected president; Montez Wayne, Knoxville, reelected first vice president; Mrs. Sam Bolton, Nashville, second vice president; Georgia Holmes, Memphis, secretary; and Dorothy Ebbs, Chattanooga, as treasurer. Nashville was chosen as the convention city for 1929.

The following were appointed committee chairmen to serve during the coming year: Edith Brodie, Ways and Means; Hazel Lee Goff, Publicity; Mary Hennessee, Revision; Julia Wright, National Relief; Betty Gilmore, Nominating; Nancy Rice, Arrangements.

The social side of the convention expressed the charming hospitality for which Memphis is unsurpassed. Breakfast at Peabody Hotel,

Sunday morning, tendered by the Alumnae of St. Joseph's Hospital, followed by an auto ride ushered in a series of social events—tea, Sunday afternoon, at Nurses' Home, Methodist Hospital; dinner, Sunday evening, given by the Methodist School Alumnae. On Monday, October 8, the banquet and dance given by the Private Duty Section was a magnificent affair. There was a Public Health Section breakfast, Tuesday morning, October 9, and on Tuesday noon, luncheon for the Board of Directors, given by the Baptist Hospital School Alumnae. On Tuesday afternoon, an auto ride was followed by tea at Oakville Sanitarium.

Utah: The annual meeting of the UTAH STATE NURSES' ASSOCIATION was held at the Hotel Utah, Salt Lake City, October 20. Dr. Ralph Porter, Dean of Medicine, of the University of Utah, was the principal speaker of the evening. The address being on "Public Health Nursing," he urged the support of the nurses for an establishment of a College of Public Health Nursing at the University of Utah. A business meeting and election of officers followed: President, Mrs. Myrtle Horne; vice president, Nina Jacobshagen; secretary, Laura M. Heist; treasurer, Irene Marcell, all of Salt Lake City.

Wisconsin: The WISCONSIN LEAGUE OF NURSING EDUCATION held its annual meeting in Kenosha, on October 10, with the following program: Morning session—report of the Bureau of Nursing Education, Adda Eldredge, Director; report of the Louisville convention, Stella Ackley. Round table luncheon discussions—"Problems of the Superintendent of Nurses," Lenore Bradley, Chairman; "Problems of Instructors and Supervisors," Gail Fauerbach, Chairman. Exhibit of school bulletins and charts. Afternoon session—"Is the Preparation of the Nurse Adequate to Meet Present-day Needs, from an Educator's Point of View?" A. C. Shong; "Hints of Life Advise," F. C. Rosecrance; discussion of the Grading Committee's report, Christine Murray and Jeannette Oswald. All in all it was a splendid, stimulating program. The following were elected for the term 1928-30: President, Stella Ackley, Wauwatosa; treasurer, Margaret Gobel, LaCrosse; directors, Olive Graham, Sister Bartholomea, Lenore Bradley.

Cornelia Van Kooy has been made General Chairman for the Biennial Convention to be held in Milwaukee in 1930. The next annual meeting of the WISCONSIN STATE NURSES' ASSOCIATION will be held at LaCrosse.

District and Alumnae News

Colorado: Colorado Springs.—At the annual meeting of the ALUMNAE ASSOCIATION OF ST. FRANCIS HOSPITAL, the following officers were elected: President, Margaret Matern; vice president, Mrs. Roy Gardner; secretary-treasurer, Mary Gallagus; corresponding secretary, Ena Kermode. Sister M. Elzesria, formerly of Indiana and Kentucky, has been made Superior of St. Francis Hospital and Sister M. Edwarda has taken charge of the School of Nursing.

Delaware: Wilmington.—The DELAWARE HOSPITAL ALUMNAE have elected: President, Eva B. Hayes; vice president, Anna Gibbons; secretary, Mrs. Esther W. Petticoord; assistant secretary, Mrs. Eleanor Clouser; treasurer, Arva Marvel.

Georgia: Augusta.—The ALUMNAE ASSOCIATION UNIVERSITY HOSPITAL held its annual meeting in September. There was a good attendance. Officers elected are: President, Mrs. R. M. Barban; vice presidents, Nina Jones and Mrs. Emile Barionoski; secretary, Mrs. Frances King; treasurer, Adele Reeves. The main work of the Association for the past year consisted in establishing and furnishing a library at the Doughty Nurses' Home of the University Hospital. This library is named the Mary A. Moran Hall, in honor of Mary A. Moran, who rendered such splendid services as Superintendent of the University Hospital from 1903 till 1916.

The SECOND DISTRICT ASSOCIATION held its annual meeting on October 8, and elected: President, Mrs. Joseph Akerman; vice president, Gene Grenaker; secretary, Susie Greene; treasurer, Louise Tommins; directors, Mrs. R. M. Barban, Nina Jones. Chairmen of committees are: Program, Helen Sturkey; Registry, Nelle Henry, Publicity, Rachel Arthur; Nominating, Carrie O'Banion; Nurses' Relief, Adele Reeves; Headquarters, Mrs. Frances King. **Columbus.**—On November 1, the FIFTH DISTRICT held a regular meeting at which final arrangements were made for the state convention. Vada Hannah is the newly-elected secretary, taking the place of Mrs. W. A. Hendricks who has resigned.

Illinois: Minnie H. Ahrens, who has been, for five years, Secretary of the FIRST DISTRICT ASSOCIATION, has been appointed Nurse Assistant to the Warden of Cook County Hospital.

Iowa: Carroll.—On October 3 ST. ANTHONY HOSPITAL ALUMNAE held a regular meeting

at which the coming meeting of the State Association was discussed and all were urged to attend. It was arranged to have some of the Senior nurses present each day. **Cedar Rapids.**—The regular meeting of the FIFTH DISTRICT was held, September 28, at Mercy Hospital. Delegates to the state meeting were chosen. **Des Moines.**—The SEVENTH DISTRICT held a regular meeting at Broadlawn General Hospital, November 1. A very complete report of the state meeting was given by the delegates. **Council Bluffs.**—On October 20, following the state convention, the JENNIE EDMUNDSON ALUMNAE enjoyed its homecoming. Festivities were opened by a luncheon in the nurses' dining room, the alumnae members being guests of the Women's Christian Hospital Association. Several guests were present, including two past superintendents of nurses, the present superintendent of nurses, Mr. and Mrs. Louie (Mrs. Louie is Superintendent of the Hospital and "mother to the nurses"), the treasurer and secretary of the State Association. Bernice Bernhardt, President of the Alumnae Association, was master of ceremonies. Mrs. Florence Dean Groneberg read the roll call. Of the two hundred twenty-six on the roll, about ninety answered. Ten members are deceased. Twenty-five who could not attend had sent letters telling where they were and what they were doing. These letters were read when their names were called. Others had sent messages with friends who could attend. Those present were from Washington, D. C., from California, and most of the states between. The first nurse who received a certificate from the hospital was Leona Johnson in 1891; the first diploma was issued to Mattie Gibson in 1895. Both are still active in their profession. The afternoon was spent in visiting. Beginning last January the Alumnae Association has issued a monthly bulletin, largely for the purpose of "boosting" the state convention and homecoming. A copy was sent to each graduate of the school. Every alumnae was asked for a contribution toward the convention fund. Each month the amounts received from individuals were published. The out-of-state nurses became interested and many sent their share. Enthusiasm ran high. The homecoming was such a success it will probably be repeated. **Des Moines.**—The ALUMNAE OF IOWA METHODIST HOSPITAL held its regular meeting October 1. Delegates to the State convention were chosen, and the Association voted to send a Senior student. **Iowa City.**—The medical laboratories and hospital of the COLLEGE OF MEDICINE, UNIVERSITY OF IOWA,

were dedicated on November 15, 16 and 17, with impressive ceremonies, the dedication address being given by President Ray Lyman Wilbur of Stanford University. These exercises marked the completion and formal opening of the buildings. The S. U. I. ALUMNAE met in November and heard reports of the State meeting. Plans were made for entertaining guests during the dedication exercises of the new buildings. It was decided to have a Credential Committee. Helen McDowell has been elected vice president, in place of Miss LePage, who has left the city.

Massachusetts: Framingham.—The FRAMINGHAM-UNION HOSPITAL invited public inspection of its new building on November 3.

Michigan: Detroit.—The DETROIT INDUSTRIAL NURSES' CLUB recently entertained the industrial nurses from various cities throughout the state at the Women's City Club. Lansing, Jackson, Kalamazoo, and Flint were represented. The corner stone of the new WOMAN'S HOSPITAL building was laid on October 23. Lyda Anderson, Executive Secretary of the Detroit District, was the speaker at the October meeting of the HENRY FORD HOSPITAL ALUMNAE ASSOCIATION. Dr. Daniel Kulp, Associate Professor of Education at Teachers College, Columbia University, will be the speaker at the December meeting of the DETROIT DISTRICT. "Why Do We Change?" will be his subject. **Marquette.**—Mary C. Wheeler, General Secretary of the State Association, was the speaker at a joint meeting of the Marquette District and the Marquette Business and Professional Women's Club, on October 12.

Nebraska: Lincoln.—The ALUMNAE ASSOCIATION OF THE ORTHOPEDIC HOSPITAL is working for a loan scholarship fund to be used by its graduates for advanced educational work.

New Hampshire: Claremont.—The ALUMNAE ASSOCIATION OF THE CLAREMONT HOSPITAL held its annual meeting May 15. The officers elected are: President, Florence E. Mathewson; vice president, Elizabeth Partington; secretary, Clara E. Hitchings; treasurer, Mrs. Clara Harvey Rice. It was decided to hold a semi-annual meeting, October 16, which was done, with a goodly number present. The business meeting was held at a luncheon and proved both interesting and helpful. **Laconia.**—On October 10, fourteen members of the NURSES' ALUMNAE ASSOCIATION OF THE LACONIA HOSPITAL were

present for the quarterly business meeting of the Association. It was voted to assist in the purchase of a Chase doll for practice work in the training school classes. The members of the Alumnae were interested in visiting the classroom, laundry, boiler room, and the nurses' rest room, to the furnishing of which the Association had generously contributed.

Manchester.—The quarterly meeting of the SACRED HEART HOSPITAL ALUMNAE ASSOCIATION was held at the home of the President, Mrs. Mary Davis, on October 9, the President in the chair and ten members present. A scholarship fund was established for the benefit of the graduate nurses desiring to take up special courses in public health nursing and teaching work. The under-graduates were the guests of the Association, and the meeting was addressed by Elizabeth Murphy, President of the New Hampshire State Graduate Nurses' Association. Miss Murphy reported briefly on the work of the Grading Committee, and also gave an interesting talk on the value of organization and near changes in the nursing profession. A report was given of the proceeds from a recent hope chest; \$500 was realized, from which \$250 was given as a special gift to the hospital.

New Jersey: East Orange.—DISTRICT 1 held its regular meeting on November 13 at the Young Women's Club. Reports of the State meetings in Bridgeton were given by Arabella Creech and Anna Ewing. Mrs. George Varley, Chairman of the Relief Fund Committee, reported total receipts since last May of \$975. Of this amount, \$606 was contributed by the Alumnae Association of the School of Nursing of the Newark City Hospital. A very illuminating paper on "School Nursing" was read by Mary B. Hulsizer. The outstanding District activity, just at this time, is a course of lectures in Nursing Supervision, arranged for by Eva Caddy, President of the District. These are being given by Carolyn E. Gray, Chairman of the Committee for the Study of Nursing Education in Colleges and Universities, and consists of ten one-hour periods. The course is open to all graduate nurses in good standing. The enrollment is 103, from Districts 1, 2, and 4. **Montclair.**—The regular meeting of the MOUNTAINSIDE HOSPITAL ALUMNAE ASSOCIATION was held at Inness Hall, October 17. "The Importance of Nursing Ethics" and various nursing topics were presented by Arabella R. Creech, Executive Secretary of the State Association.

New York: Batavia.—THE ALUMNAE OF THE WOMAN'S HOSPITAL ASSOCIATION TRAIN-

ING SCHOOL has elected as officers: President, Alice Ott; secretary, Mrs. Louise K. Donoghue; treasurer, Mrs. Mathilda Given. **New York.**—THE NEW YORK LEAGUE OF NURSING EDUCATION, SECTION 1, held a meeting at Mt. Sinai Hospital, November 7, the topic for discussion being, "Nurses, Patients and Pocketbooks; the Private Nurses' Point of View."

Rochester.—The following officers were elected at the annual meeting of the GENESEE HOSPITAL ALUMNAE ASSOCIATION, held November 5: Second vice president, Mrs. Corinne Welch Waldert; recording secretary, Beatrice Richardson; corresponding secretary, Ruth Clements. The other officers whose terms did not expire are: President, Mrs. Doris Chambers; first and third vice presidents, Grace Hanes and Florence Padgham; treasurer, Mary Harriman. **Syracuse.**—A regular meeting of DISTRICT 4 was held on November 8 at St. Joseph's Hospital. Excellent reports were read of the state convention, covering all important points. It was decided to fill the quota designated as the District's share of the new wing of the hospital at Bordeaux. **White Plains.**—BLOOMINGDALE HOSPITAL opened its Student Nurses' House on November 3.

Ohio: Akron.—DISTRICT 1 held its regular meeting on November 12, at the Akron Clinic. The Private Duty Section was in charge of the program, which was furnished by the staff of the Clinic. **Cincinnati.**—The regular meeting of DISTRICT 8 was held at Christ Hospital, November 26, Louise K. Tooker presiding. Anna G. Davis, Assistant Superintendent of the Navy Nurse Corps, gave an interesting talk on the Navy Nursing Service. **Cleveland.**—DISTRICT 4 held a meeting on October 16, in the New Taylor Auditorium. This auditorium has been given to the club women of the city of Cleveland by Mrs. William Taylor, of the William Taylor Company. This is considered a most outstanding service to render to the women's organizations of Cleveland, as there is no charge for the use of the auditorium. Spacious rooms are provided for committee meetings, teas, etc. It has a seating capacity of about 1,500. District 4 is very grateful for this courtesy, which has been extended to their Association. Ann Sawyer, of the Taylor Company, gave an interesting address on "The Well-dressed Woman." **Coschocton.**—THE ALUMNAE OF THE COSCHOCTON HOSPITAL have furnished a library for the nurses in training. **Marietta.**—DISTRICT 14, which is the only district in Ohio organized on a branch basis, held its regular meeting on

October 15, with an attendance of eighteen members. Definite plans were formulated to give contributions to the American Nurses' Association Relief Fund. **Newark.**—The NEWARK HOSPITAL ALUMNAE are working to help raise funds for the New Nurses' Home. **Toledo.**—DISTRICT 9 held its regular meeting, October 24, at Flower Hospital. An address on "City Manager Plan" was a part of the program. **Zanesville.**—BETHESDA HOSPITAL, DISTRICT 6, gave an entertainment at the hospital to raise funds, and was very successful. Out of this fund the Alumnae Memorial room was furnished; also blankets, sheets and other supplies for the nursery in the hospital; and subscriptions for magazines for student nurses.

Pennsylvania: Bethlehem.—The thirty-first annual meeting of the NURSES' ALUMNAE ASSOCIATION OF ST. LUKE'S HOSPITAL TRAINING SCHOOL FOR NURSES was held October 18. The following officers for the ensuing year were elected: President, Ethel Hetko; vice president, Helen Edgar, Allentown; corresponding secretary, Mary Youngkin; secretary-treasurer, Bessie M. Ely. **Philadelphia.**—The HAHNEMANN HOSPITAL ALUMNAE met on November 6, with forty-five members present. Five new members were received. Interesting reports of the State convention were given by Miss Hoover and Mrs. Fisher. The next meeting will be held on December 4, when a large attendance is desired. The alumnae meeting of the PROTESTANT EPISCOPAL HOSPITAL was held November 6 at the Philadelphia General Hospital. After the business meeting (upon which the members voted to support Miss West in her efforts to complete the History of Nursing in Pennsylvania, by giving \$1 per capita for resident members), a paper was read on "Rheumatic Fever," and a tour of the hospital was made.

South Dakota: Waubay.—The regular meeting of the THIRD DISTRICT was held September 29, at the Enemy Swim Club House, Florence Walker presiding, with an attendance of twenty-five. It was decided to send \$50 to the Nurses' Relief Fund, instead of \$1 per capita. Members were urged to purchase League Calendars and to support the *Journal*. Dr. Collins of Webster gave an instructive talk on "Sore Throat." Dr. Koenig from Waterloo, Neb., gave a paper on her summer's work in this state. At a special meeting called by Miss Walker, there was discussion as to what to do with dues collected from new applicants, six months before the regular State meeting in June. The treasurer was authorized to find out what

other districts are doing, and how these dues are best taken care of. Also the paying of district and state dues for disabled nurses, who receive aid from the Nurses' Relief Fund.

Texas: Paris.—DISTRICT 13 held its annual meeting on October 24. About thirty-five nurses were present, coming from distances of 172 miles in one direction, and ten from a distance of 103 miles in the other direction. The Paris Sanitarium served luncheon. Speeches by a representative of the Board of the Hospital and by Dr. McCuistian were given during the luncheon. A business meeting was held at 2.30 p. m. at which time reports from the delegates to the State and National meeting were given. A. Louise Dietrich, Secretary-Treasurer of the State Association, was the guest of honor, and gave a talk on Headquarters, the *Journal*, International Nurses' meeting, and other matters, and urged the support of members for all. She also told the members to be prepared with their portion of the assessment against the State for the Bordeaux Memorial. Officers were elected for the year: Aline Warren, Texarkana, president; B. Douglas, secretary-treasurer.



Deaths

Mrs. Lillian Noone Bloch (White Haven Sanatorium, White Haven, Pa.), on September 23. After the death of her first husband, Mrs. Noone, though stricken with tuberculosis, put up a gallant fight and entered the White Haven Sanatorium Training School, where she did unusually fine work and graduated with honor. Her work in the field of nursing took her to the Philadelphia General Hospital, Bellevue Hospital, New York, Cresson Sanatorium, Pennsylvania, Charleston, W. Va., the Scranton Hospital, and other institutions. During this time she married Mr. Herman Bloch, who then became interested in this same field, and when the Jewish Convalescent Home was started in Andalusia, Pa., by the Philadelphia Federation of Jewish Charities, Mr. and Mrs. Bloch were asked to become the superintendents. Into the development of this Convalescent Home, Mrs. Bloch put all her splendid ability and fine training, sympathetic and keen interest, and inexhaustible energy. The Convalescent Home, begun as an experiment in the convalescent care of women and children, was firmly established under their splendid leadership, and will soon be in Willow

Grove in its new one-hundred-bed building. In appreciation of this unusually fine woman, the Board of Directors of the Jewish Convalescent Home have created the Lillian Noone Bloch Memorial Social Service Fund, which will be used to help those who are not only sick but poor as well, and carry on the work which she started in her lifetime. Much of this money will be used for the rehabilitation of convalescent patients, to help them be of service to themselves, and take their place in the community, in accordance with Mrs. Bloch's ideas. Out of a beginning of ill health and hardship, she won for herself a high place in the community, and the admiration and love of all who knew her.

Ruth M. Davis (class of 1921, Presbyterian Hospital, Philadelphia), on October 22, at the hospital. Miss Davis had done private duty nursing since graduation, specializing in obstetrical nursing, until February, 1928, at which time she retired to her home in Lancaster, on account of ill health. Miss Davis will be remembered by all who knew her as a nurse of exceptional ability and lovable personality.

Annie Dietz (class of 1925, Sacred Heart Hospital), on October 22, at the Locust Mount Hospital, Shenandoah, Pa.

Mrs. Florence Baugh Downing (class of 1897, Presbyterian Hospital, Philadelphia), on June 19, in Philadelphia. After graduation, Mrs. Downing had charge of the operating room of Pennsylvania Hospital. Her next position was Superintendent of Nurses at the Children's Hospital, Boston, Mass. From there she went to the position of Superintendent of Nurses at the Waldeck Hospital in San Francisco. Returning to Philadelphia, Mrs. Downing took a special course in Social Service and Public Health Nursing, and was appointed Director of the Public Health Nursing Service of the Pennsylvania-Delaware Division of the American National Red Cross. Her last post was Supervisor of the Teaching Center of the Pittsburgh Public Health Nursing Association, from which she resigned, on account of ill health, and traveled abroad for one year. Mrs. Downing will be remembered by all who came in contact with her as a true and courageous woman.

Mrs. Alice W. Richardson (class of 1897, Park Avenue Hospital, Denver, Colo.), on October 30, after one day's illness. Mrs.

Richardson was one of the first graduates of the hospital, and was in active service in the Army during 1917. She also was County Superintendent of Schools in Breckenridge, Colo., for a number of years.

Laura J. Roalefs (class of 1898, Hospital of St. Barnabas, Newark, N. J.), on October 9, at her home in West Orange, after a long illness. Miss Roalefs was a charter member of her Alumnae Association.

Lydia Stangeland (class of 1927, Illinois Training School, Chicago), on October 5, at her home in Albion, Nebr. Miss Stangeland spent four years in completing her training, she lost so much time because of illness, but she loved her work and was cheerful at all times during her long suffering and illness.

Vivian Shoch Warner (class of 1925, Allentown Hospital, Allentown, Pa.), on October 11. Miss Shoch was married in 1927. She was beloved by all who knew her.

Louise M. Westermann (class of 1900, St. Luke's Hospital, Chicago), recently, at the Lincoln General Hospital, Lincoln, Nebr., of which she was a director. Mrs. Westermann had lived in Lincoln twenty-eight years, and had been closely identified with educational work during that time, having served as Superintendent of Nurses at the Lincoln Sanitarium, and head of the Emergency Hospital during the World War. For the past two years she had been Supervisor of Elementary Nursing and Hygiene at Lincoln High School. She was a former Secretary of the State Association, and had been active in the registry and in Red Cross work. The members of the Nurses' Registry Board feel that they have lost a worth-while friend; and the city, an honored and distinguished citizen. She had a remarkable capacity for work and with it, enthusiasm, sympathy and understanding. She was an outstanding friend of all educational and health workers.

Stella Wiedrich (class of 1912, Woman's Hospital Association Training School, Batavia, N. Y.), in September. For a number of years Miss Wiedrich did private nursing. At the outbreak of the influenza epidemic, in 1918, she was doing public health nursing in Akron, N. Y. Until her recent illness she was doing follow-up work for the Erie County Tuberculosis Association.

About Books

TEXT-BOOK OF THE PRINCIPLES AND PRACTICE OF NURSING. By Bertha Harmer, R.N. Second edition, revised. 738 pages. 153 illustrations. The Macmillan Company, New York, 1928. Price, \$3.

TO those of us who have leaned heavily upon Miss Harmer's "Text-Book of the Principles and Practice of Nursing," in teaching this all-important subject of our curriculum, a revision of it is bound to be scrutinized with more than the usual interest. In the original edition, as a textbook to put into the hands of beginning students, it has been an invaluable aid in teaching. Naturally, the question we ask of ourselves, as we read the revised edition, is: Has the book been sufficiently improved to warrant scrapping existing copies in school libraries, and on the shelves of reference books in our wards?

This question will, I believe, be answered in the affirmative by the majority of instructors in our schools of nursing. The increased emphasis placed upon the rôle of the nurse as a teacher of health would warrant the purchase of the new edition. Text-books of nursing, published previously, have been concerned with the curative aspects of the nurse's work. Even in the first edition of Miss Harmer's book she failed to bring out this important phase of the subject.

In the introduction to the Second Edition, Miss Harmer states that she has kept five main purposes in mind: to emphasize the preventive and health teaching aspects of nursing, as well as the curative; to emphasize that nursing as a profession has its own body of knowledge, its own ideals and standards; to focus the attention upon the patient rather than upon the

nursing procedures used in his care; to present the contents from the psychological viewpoint; and to modernize the text through additions and alterations. In the opinion of the reviewer she has been more successful in accomplishing the first two of these aims than the others.

The first or introductory chapter which deals almost entirely with the preventive and health teaching aspects of the nurse's work sounds the keynote of the book. The chapter is well written. The young student who reads,

More and more, nursing is becoming associated with . . . the chain of agencies which strive for the preservation of health, the prevention of disease, and the general social welfare,

approaches her study of the subject with a broader viewpoint.

Chapter Two, which deals with the rôle of the hospital in the community health program, is likewise admirably handled from this standpoint. While we value highly the skill with which Miss Harmer has sounded this note throughout the book, we regret that in her zeal to secure an effect she has attempted to make every chapter heading suggestive. The heading of Chapter Six, for instance, "The Prevention and Cure of Disease by a Hospitable Reception and Refreshing Bath," seems somewhat far-fetched. This is a minor defect of the book, however, and is only remarked upon because it detracts from the force with which the subject as a whole is handled.

The chapter on the observation of the sick is greatly improved over the corresponding chapter in the previous edition. It is much more definite in its presentation of the subject. A single sentence from this chapter will

illustrate Miss Harmer's success in achieving the second of her purposes:

Without close observation . . . a nurse cannot carry out the first essentials in nursing—those measures prescribed, not by the doctor, but dictated by the underlying principles and methods of nursing itself.

In modernizing the text, improvement has undoubtedly been made through inclusion of such topics as the use of heliotherapy. There are still improvements in this respect which we may hope for in the next edition. The cost of equipment for one bed is still given in figures of 1918, instead of 1927 or 1928. Some instructors will quarrel with the continued allocation of a subject like the blood sugar test, to the chapter on the preparation of a patient for operation. Granting these defects, the book remains a most important contribution to nursing education. We are greatly indebted to Miss Harmer for a book which we can place in the hands of our students with confidence that it will aid them in acquiring an understanding of and a viewpoint of nursing which will stand them in good stead throughout their professional careers.

MARGARET TRACY, M.A., R.N.
New Haven, Conn.

BOOKS RECEIVED

TEXT BOOK OF CHEMISTRY FOR NURSES AND STUDENTS OF HOME ECONOMICS. By Annie Louise MacLeod. Second edition. 241 pages. McGraw-Hill Book Company, New York. Price, \$2.50.

A TALE OF SOAP AND WATER. By Grace T. Hallock. The historical progress of cleanliness and sanitation through the ages. For the seventh, eighth and ninth grades. Published by the School Department of Cleanliness Institute, New York. A limited number of complimentary copies will be furnished on application to the Institute.

POCKET GUIDE OF HUMAN ANATOMY. Published by Clay-Adams Co., Inc., New York. Twelve charts in color. Price, 75 cents.

ANNUAL REPORT OF THE PUBLIC HEALTH SECTION OF THE COLLEGE OF NURSING, LTD., LONDON, FOR 1927-1928. Henrietta Street, Cavendish Sq., London, W. 1.

MICHIGAN HANDBOOK OF HOSPITAL LAW. By Dorothy Ketcham. 237 pages. Prepared in coöperation with The Michigan Hospital Association.

A valuable little book prepared under the direction of a committee consisting of Father M. P. Bourke, Dr. Stewart Hamilton, Dr. W. L. Quennell, and Robert G. Greve.

PATENT LAW AND PRACTICE. By Oscar A. Geier. Fourth edition. 46 pages. Richards and Geier, New York.

POCKET MEDICAL DICTIONARY. By George M. Gould, M.D. Ninth revised edition. 40,000 words. P. Blakiston's Son & Co., Philadelphia. Price, \$2.

SURGICAL WARD WORK AND NURSING. By Alexander Miles, M.D. Fifth edition. Faber and Gwyer, Ltd. London. Price, 8/6.

FILM LIST. 177 pages. Prepared by Metropolitan Life Insurance Co. Distributed by National Health Council, 370 Seventh Avenue, New York City.

This handbook contains a list of films indexed under the general headings: The Baby, The Child, The Adult, Physical Training and Exercise, Nutrition, Disease, Safety and First Aid, Public Health, Public Welfare, Anatomy and Physiology, Biology. Some of them were prepared with great attention to detail and scientific accuracy. The list should prove suggestive to public health nurses and to instructors in schools of nursing.

THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY IN THE WORLD WAR, Vol. 13, containing the official history of the Army Nurse Corps. This volume of the history may be purchased from the Superintendent of Documents, U. S. Government Printing Office, Washington, D. C., for \$3.

A SHORT HISTORY OF MEDICINE. By Charles Singer, M.D. 368 pages. Illustrated. Oxford University Press, American Branch, New York. Price, \$3.

Some Other Books Worth Reading

BY ISABEL ELY LORD

ONE of the most interesting biographies of the year is Judge Robert W. Winston's "Andrew Johnson: Plebeian and Patriot" (Holt, \$5.00). Not only does Judge Winston rehabilitate a much-maligned man, but also he shows, as few biographers have done, what the desire for political ascendancy may lead even supposedly good citizens to do. The period of the Civil War and that of the Reconstruction are covered, and every good American must flinch from some of the things to be read in the book. It is an important volume, and those who want to know and to understand the history of their country should not fail to read it.

With "The Great Horn Spoon," Eugene Wright dips out enough adventure to satisfy even the reader of the wildest tales man has yet devised. Just out of college, he followed the call of the East, to which he had been listening for years, and shipped before the mast on a sailing vessel bound for India. Where he went afterward and what happened to him, it would be unfair to tell or to hint. When you want to get away from the everydayness of the United States you live in, settle down to Mr. Wright's book. You will grudge any interruption that takes you away from it until you have lived with him every thrilling experience, every hairbreadth adventure. (Bobbs, Merrill, \$4.00.)

Quite a different sort of adventure is recorded in "Under Turquoise Skies," by Will H. Robinson (Macmillan, \$5.00). His tale is one of our own Southwest, in the long-ago, in the mid-period, and now. He knows the country and loves it with a contagious devotion. Anyone who reads the book without ever having seen Arizona and

New Mexico must want to start out for that region forthwith. And when the reader does start, he will find that the book has told him so much of what there is to see that he need miss no interesting point.

A good supplement to Mr. Robinson's volume is "The Turquoise Trail," edited by Alice Corbin Henderson—a collection of poems of the Southwest (Houghton, \$2.50). You will be amazed at the number of them, and at the number of poets represented.

"The Blessing of Pan," by Lord Dunsany (Putnam, \$2.00) is a delicately imaginative story of the turning back to the old worship of a whole village community in a remote part of England—or Ireland? The descriptions of the countryside and all that makes it up are enough excuse to read the book, and Lord Dunsany has given a very convincing quality to this "impossible" tale.

Edith Wharton's "The Children" (Appleton, \$2.50) is her latest contribution to her studies of the complications of modern life. This is the story of a mixed lot of children—if the term is permissible—who have different sets of fathers and mothers through divorce, yet are determined, through the influence of the eldest girl, to keep together despite new shifts as to parents. The tale is not as unpleasant as it sounds, and the girl in question—Judith—is an appealing little person. Whether the children succeed in their ambition readers will discover.

An exciting mystery story with a nurse as the heroine is "Juggernaut," by Alice Campbell (Doubleday, \$2.00). It is one of the Crime Club books, and well worth reading for those who like "murders."

Official Directory

International Council of Nurses.—Sec., Christiane Reimann, 14 Quai des Eaux Vives, Geneva, Switzerland.

The American Journal of Nursing Company. Offices, 370 Seventh Ave., New York. —Pres., Bena M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Sec., Stella Goostray, Children's Hospital, Boston. Treas., Mary M. Riddle, care American Journal of Nursing, New York, N. Y. Elsie M. Lawler, Baltimore; Sally Johnson, Boston; Mrs. Elsbeth Vaughan, St. Louis; Elizabeth G. Fox, Washington, D. C.

Committee on the Grading of Nursing Schools.—Director, May Ayres Burgess, Ph.D., 370 Seventh Ave., New York.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. Pres., S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston 19, Mass. Headquarters Dir., Janet M. Geister, 370 Seventh Ave., New York. Sections: **Private Duty**, Chairman, Anna E. Gladwin, 268 E. Voris St., Akron, O. **Mental Hygiene**, Chairman, Effie J. Taylor, New Haven Hospital, New Haven, Conn. **Legislation**, Chairman, Josephine E. Thurlow, Cambridge Hospital, Cambridge, Mass. **Government Nursing Service**, Chairman, Elinor D. Gregg, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C. **Relief Fund Committee**, Chairman, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. **Revision Committee**, Chairman, Marie Louis, Muhlenberg Hospital, Plainfield, N. J.

The National League of Nursing Education.—Headquarters, 370 Seventh Ave., New York. Pres., Elizabeth C. Burgess, Teachers College, New York. Sec., Stella Goostray, Children's Hospital, Boston. Treas., Marian Rottman, Bellevue Hospital, New York. Ex. Sec., Nina D. Gage, 370 Seventh Ave., New York.

The National Organization for Public Health Nursing.—Pres., Mrs. Anne L. Hansen, 181 Franklin St., Buffalo, N. Y. Director, —, 370 Seventh Ave., New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Sec., Katharine DeWitt, 370 Seventh Ave., New York.

New England Division, American Nurses' Association.—Pres., Sally Johnson, Massachusetts General Hospital, Boston, Mass. Sec., Mary Alice McMahon, Boston State Hospital, Boston 24, Mass.

Middle Atlantic Division.—Pres., Jessie Turnbull, Elizabeth Steele Magee Hospital, Pittsburgh, Pa. Sec., Gertrude Bowling, Visiting Nurse Association, Washington, D. C.

Mid-West Division.—Pres., Mabel Dunlap, Moline, Ill. Sec., Mrs. Alma H. Scott, 610 Traction Terminal Bldg., Indianapolis, Ind.

Northwestern Division.—Pres., E. Augusta Ariss, Deaconess Hospital, Great Falls, Mont. Sec., Floss Kerlee, State Hospital, Warm Springs, Mont.

Southern Division.—Pres., Jane Van De Vrede, 105 Forrest Ave., N. E., Atlanta, Ga. Sec., Bernardine Bryant, Selma, Ala.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Indian Bureau.—Supervisor of Nurses, Elinor D. Gregg, Office of the Medical Director, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C.

Department of Nursing Education, Teachers College, New York.—Director, Isabel M. Stewart, Teachers College, Columbia University.

State Associations of Nurses

Alabama.—Pres., Annie M. Beddow, Norwood Hospital, Birmingham. Sec., Linna H. Denny, 1320 N. 25th St., Birmingham. Pres. examining board, Helen MacLean, Norwood Hospital, Birmingham. Sec., Linna H. Denny, 1320 N. 25th St., Birmingham.

Arizona.—Pres., Mrs. Kathryn G. Hutchinson, Tombstone. Sec., Mrs. Mildred P. Fulkerson, 735 E. Moreland St., Phoenix. Pres. examining board, Helen V. Eagan, 618 N. 4th St., Phoenix. Sec.-treas., Catherine O. Beagin, Clifton.

Arkansas.—Pres., Ruth Riley, City Hosp., Fayetteville. Sec., Blanche Tomaszewska, 1004 W. 24th St., Pine Bluff. Pres. examining board, Walter G. Eberle, M.D., First National Bank Bldg., Fort Smith. Sec.-treas., Ruth Riley, Fayetteville.

California.—Pres., Anne A. Williamson, 2028 Primrose Ave., S. Pasadena. Sec., Ruth Wheelock, Community Hospital, Riverside. Director of headquarters, Anna C. Jammé, Room 502, 609 Sutter St., San Francisco. State League Pres., Mary M. Pickering, University of California, Berkeley.

Sec., Helen F. Hansen, State Building, San Francisco. Acting Director, Bureau of Registration of Nurses, Sarah G. White, P. O. Box 1159, Sacramento.

Colorado.—Pres., Louie Croft Boyd, Pierce Hotel, Denver. Rec. Sec., Phoebe Parmalee, Denver Genl. Hosp., Denver. State League Pres., Mrs. Dorothy Conrad, 800 Central Savings Bank Bldg., Denver. Sec., Ruth Colestock, Colorado General Hospital, Denver. Pres. examining board, Eleanor Laferty, Minnequa Hospital, Pueblo. Sec., Louise Perrin, State House, Denver.

Connecticut.—Pres., Margaret Barrett, 463 Edgewood Ave., New Haven. Sec., Amber L. Forbush, 46 Durham Ave., Middletown. Ex. Sec., Margaret K. Stack, 175 Broad St., Hartford. Pres. examining board, Martha P. Wilkinson, Linden Apartment, Hartford. Sec., Mrs. Winifred A. Hart, 109 Rocton Ave., Bridgeport.

Delaware.—Pres., Amelia Kornbau, Delaware Hospital, Wilmington. Sec., Mrs. Mae P. Smith, 52 Richardson Road, Richardson Park. Pres. examining board, Frank L. Pierson, M.D., 1007 Jefferson St., Wilmington. Sec., Mary A. Moran, 1313 Clayton St., Wilmington.

District of Columbia.—Pres., Julia C. Stimson, War Department, Washington. Sec., Annabelle Peterson, 1337 K St., N. W., Washington. District League Pres., Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington. Sec., Bessie Smithson, Sibley Hospital, Washington. Pres. examining board, Bertha McAfee, 2611 Adams Mill Rd., N. W., Washington. Sec.-treas., Catherine E. Moran, 1337 K St., N. W., Washington.

Florida.—Pres., Mrs. Julia W. Kline, P. O. Box 2106, Fort Myers. Sec., Mrs. Bonnie Arrowsmith, 3014 San Nicholas St., Tampa. State League Pres., Anna L. Fetting, Morrell Mem'l Hosp., Lakeland. Sec., Georgia H. Riley, Jackson Mem'l Hosp., Miami. Pres. examining board, Anna L. Fetting, Morrell Memorial Hosp., Lakeland. Sec.-treas., Mrs. Louisa B. Benham, Hawthorne.

Georgia.—Pres., Annie Bess Feebeck, Grady Hospital, Atlanta. Sec., Mrs. J. F. Hawthorne, 410 Arnold St., N. E., Atlanta. State League Pres., Mrs. Eva S. Tupman, Grady Hospital, Atlanta. Sec., Annie B. Feebeck, Grady Hospital, Atlanta. Pres. examining board, Jessie M. Candlish, 105 Forrest Ave., N. E., Atlanta. Sec.-treas., and Ex. Sec., State Assn., Jane Van De Vrede, 105 Forrest Ave., N. E., Atlanta.

Idaho.—Pres., Helen Smith, St. Luke's Hospital, Boise. Sec., Maimie Watts, St. Luke's Hospital, Boise. Department of Law Enforcement, Bureau of Licenses, C. A. Launson, Director, State Capitol, Boise.

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Chicago. Sec., Mrs. Vera S. Brandt, Michael Reese Hosp., Chicago. Supt. of Registration, Addison M. Shelton, State Capitol, Springfield.

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Iowa.—Pres., Winifred Boston, 366 E. Salem Ave., Indianola. Sec. and Director Nursing Education, Maude E. Sutton, Div. of Nursing, State Dept. of Health, Des Moines. State League Pres., Mary Elder, Burlington Hosp., Burlington. Sec., Sr. Mary Thomas, Mercy Hospital, Des Moines. Pres. examining board, Frances G. Hutchinson, 551 Franklin Ave., Council Bluffs. Sec., Marianne Zichy, 213 Masonic Temple, Marshalltown.

Kansas.—Pres., Sylva Treat, Bethany Hosp., Kansas City. Sec., Mrs. Elizabeth Dana, City Hall, Coffeyville. State League Pres., Mrs. Mary Davis, Asbury Hosp., Salina. Sec., Mabel Campbell, Christ's Hosp., Topeka. Pres. examining board, Ethel L. Hastings, Wesley Hospital, Wichita. Sec.-treas., Cora A. Miller, Newman Meml. Hosp., Emporia.

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Maine.—Pres., Rachel A. Metcalfe, Lewiston. Sec., Mrs. Theresa R. Anderson, Box 328, Bangor. Pres. examining board, Agnes Nelson, Maine General Hospital, Portland. Sec.-treas., Mrs. Theresa R. Anderson, Box 328, Bangor.

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